

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
CITY CLERK OFFICE	For Official Use Only
2014 DEC -3	P 2:27

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) LAM, STEPHEN KIN DAYTIME TELEPHONE NUMBER (626) 684-0395 FAX NUMBER (optional) _____ E-MAIL (optional) LAMFORCOUNCIL@gmail.com

STREET ADDRESS 537 SOUTH ALHAMBRA AVE. CITY MONTEREY PARK, CA. STATE _____ ZIP CODE 91755

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) Year of Election 2015

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____/_____/_____ Primary/general election _____/_____/_____ Special/runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on December 02, 2014 Signature Stephen Lam