

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

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2013 NOV 19 PM 3:21

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Semana Gina
DAYTIME TELEPHONE NUMBER [Redacted]
FAX NUMBER (optional) ()
E-MAIL (optional) [Redacted]
STREET ADDRESS [Redacted]
CITY Torrance
STATE CA
ZIP CODE 90501
OFFICE SOUGHT (POSITION TITLE) City Clerk
AGENCY NAME City of Torrance
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
State (Complete Part 2.)
City County Multi-County:
2014 (Year of Election)

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
(Year of Election) (Year of 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 11-19-13 Signature [Redacted]
(month, day, year) (Candidate)