

Candidate Intention Statement

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CALIFORNIA FORM 501

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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

AUG 01 2022

City of Rolling Hills

By [Signature]

Black, James J.

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Black, James J. DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY Rolling Hills STATE CA ZIP CODE 90224

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME Rolling Hills CA DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION \_\_\_\_\_ PARTY PREFERENCE: \_\_\_\_\_ (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: Rolling Hills CA (Name of Multi-County Jurisdiction) 2022 (Year of Election)  PRIMARY / GENERAL  SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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

(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 11/8/2022 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 1/27/2022 (month, day, year)

Signature [Signature] (Candidate)