

Candidate Intention Statement

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 CITY OF PALM SPRINGS
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CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) HIRSCH, ANDREW C. DAYTIME TELEPHONE NUMBER () () () () () () FAX NUMBER (optional) () () () () () () E-MAIL (optional) _____

STREET ADDRESS COUNCIL MEMBER CITY CITY OF PALM SPRINGS STATE CA ZIP CODE 92262

OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME CITY OF PALM SPRINGS DISTRICT NUMBER, if applicable. P.S., CA NON-PARTISAN PARTY: _____

OFFICE JURISDICTION _____

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) Year of Election 2017

2. State Candidate Expenditure Limit Statement:

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

 (Year of Election) **Primary/general election** _____
 (Year of 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 July 17, '17
 (month, day, year)

Signature _____