

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM

501

For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Rossini, Vincent, J.		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	E-MAIL (optional) rossini4council@gmail.com
STREET ADDRESS [REDACTED]		CITY Villa Park	STATE Ca	ZIP CODE 92861
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME Villa Park, Ca	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2016 (Year of Election)		

## 2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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.



OFFICIAL COPY  
[REDACTED]  
signature 8-27-15  
date

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that \_\_\_\_\_ and correct.

Executed on 8/24/15  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)