

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA 501

FORM

For Official Use Only

Check One: Initial Amendment (Explain) _____

Date Stamp

RECEIVED
CITY OF PALM SPRINGS

2015 MAR -2 AM 9:59

LOUIS THOMPSON
CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) KORS, GEOFFREY R DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) (888) 519-6445 E-MAIL (optional) _____

STREET ADDRESS [REDACTED] CITY PALM SPRINGS STATE CA ZIP CODE 92262

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME Palm Springs City Council DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

OFFICE JURISDICTION _____ PARTY: _____

State (Complete Part 2.) City County Multi-County: Palm Springs (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.)

(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 2/27/2015 Signature _____
(month, day, year)