

# Candidate Intention Statement

CLERK ZAPRECHEN	Date Stamp	<b>CALIFORNIA FORM 501</b> For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Bessin, Linda S			( )	
STREET ADDRESS		CITY	STATE	ZIP CODE
		Burbank	CA	91505
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
City Council	City of Burbank		PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		<input type="checkbox"/> SPECIAL / RUNOFF		
		(Name of Multi-County Jurisdiction)	2020	(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.)*

*(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 4/20/2020 Signature \_\_\_\_\_  
(month, day, year) (Candidate)