Candidate Intention Statement

Type or Print in Ink.

Check One: [X] Initial [ ] Amendment (Explain) _____

Date Stamp: CLERK '14AUG26PM 5:00

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
GUILLEN, JUAN, J.	(818) 632-3990	(818) 557-2220	1GUILLEN@SBCGLOBAL.NET

STREET ADDRESS	CITY	STATE	ZIP CODE
2713 N. KEYSTONE ST.	BURBANK	CA	91504

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	[X] NON-PARTISAN
BURBANK CITY COUNCIL			PARTY:

OFFICE JURISDICTION

[ ] State (Complete Part 2.)

[X] City [ ] County [ ] Multi-County: BURBANK (Name of Multi-County Jurisdiction) 2015 (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.)

2015 (Year of Election) *Primary/general election* _____ (Year of Election) *Special/runoff election*

(Check one box)

[X] 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 08/26/2014 (month, day, year) Signature _____

✓