

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)

Honeycutt, Charles K

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

(_____) _____

FAX NUMBER (optional)

(____)

EMAIL (optional)

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Signal Hill

CITY STATE ZIP CODE

CITY

STATE

ZIP CODE

Signal Hill

CA

90755

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable:

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

2024

PRIMARY / GENERAL

SPECIAL / RUNOFF

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 1-31-24
(month, day, year)

Signature _____
(Candidate)