

MAY 21 2025 (3)

## Candidate Intention Statement

Date Stamp RECEIVED LOS ANGELES	CALIFORNIA FORM 501
For Official Use Only 2025 MAY 27 AM 10:18	
PROPOSITION B UNIT	

Check One:  Initial  Amendment (Explain) Missing District Number

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Arey, Tonia PH	DAYTIME TELEPHONE NUMBER ( 818 ) 269-7914	FAX NUMBER (optional) (      )	EMAIL (optional) toniareagent@gmail.com
STREET ADDRESS	CITY Calabasas	STATE CA	ZIP CODE 91302
OFFICE SOUGHT (POSITION TITLE) Supervisor	AGENCY NAME Los Angeles County	DISTRICT NUMBER, if applicable. 3	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Republican (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: (Name of Multi-County Jurisdiction)	2026 (Year of Election)		<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 05/20/2025  
(month, day, year)

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