Candidate Intention Statement

JAN 1 3 2026 EM

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment
(Explain)

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Noel Almario

DAYTIME TELEPHONE NUMBER
(9495069345

FAX NUMBER (optional)
(   )

EMAIL (optional)
noelfordistrict1@gmail.com

STREET ADDRESS

CITY
Los Angeles

STATE
CA

ZIP CODE
90032

OFFICE SOUGHT (POSITION TITLE)
Supervisor District 1

AGENCY NAME
Los Angeles County Board of Supervisors

DISTRICT NUMBER, if applicable.
1

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE: Democrat
(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County ☐ Multi-County: Los Angeles County
_____
(Name of Multi-County Jurisdiction)

2026
_____
(Year of Election)

☒ 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 01/13/2026
_____
(month, day, year)

Signature _____
(Candidate)

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM **501**
RECEIVED BY LOS ANGELES COUNTY 2026 JAN 13 PM 2: 25 PROPOSITION B UNIT	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)
Noel Almario	(949) 506-9345	( )	noelfordistrict1@gmail.com

STREET ADDRESS	CITY	STATE	ZIP CODE
4214 Abner St.	Los Angeles	CA	90032

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE
Supervisor District 1	Los Angeles County Supervisor	1	PARTY PREFERENCE: Democrat

OFFICE JURISDICTION (Check one box, if applicable.)

☒ State (Complete Part 2.)

☐ City ☒ County ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

Los Angeles County

2026
(Year of Election)

✔ PRIMARY / GENERAL

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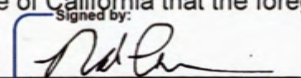
(Mark if applicable)

☐ 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 **1/5/2026**
(month, day, year)

Signature _____
Signed by: 4C748AAFACC344A... (Candidate)

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov