

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Alaniz, Elaine DAYTIME TELEPHONE NUMBER (818) 275-2003 FAX NUMBER (optional) ( ) EMAIL (optional) elaine4supervisor@gmail.com  
STREET ADDRESS , Woodland Hills, CA 91364 CITY Woodland Hills STATE CA ZIP CODE 91364  
OFFICE SOUGHT (POSITION TITLE) Los Angeles County Board of Supervisors District 7 AGENCY NAME LA County Dist 7 DISTRICT NUMBER, if applicable. 7 ☐ NON-PARTISAN OFFICE  
OFFICE JURISDICTION Los Angeles County Board of Supervisors District 7 PARTY PREFERENCE:  
☐ State (Complete Part 2.) ☒ PRIMARY / GENERAL  
☐ City ☒ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2026 ☐ SPECIAL / RUNOFF  
(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 January 28, 2026  
(month, day, year)

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