

**Candidate Intention Statement**

Date Stamp	<b>CALIFORNIA FORM 501</b>
RECEIVED BY LOS ANGELES COUNTY 4 RW 2017 MAY 24 PH 12:49 CAMPAIGN FINANCE	
For Official Use Only	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) <u>VILLANUEVA, ALEX</u>		DAYTIME TELEPHONE NUMBER <u>(562) 754-1242</u>	FAX NUMBER (optional) <u>( )</u>	E-MAIL (optional)
STREET ADDRESS		CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>SHERIFF</u>	AGENCY NAME <u>LOS ANGELES COUNTY</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:	
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)		<u>2018</u> (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.)*

\_\_\_\_\_  
(Year of Election) **Primary/general election**      \_\_\_\_\_  
(Year of Election) **Special/runoff election**

*(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 5-19-17 Signature \_\_\_\_\_  
(month, day, year) (Candidate)