

Candidate Intention Statement

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2019 AUG 13 PM 3: 23
PROPOSITION B UNIT

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Rigard René L DAYTIME TELEPHONE NUMBER (213) 590 4748 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS _____ CITY Los Angeles, LA STATE LA ZIP CODE 90017

OFFICE SOUGHT (POSITION TITLE) Board of Supervisors AGENCY NAME _____ DISTRICT NUMBER, if applicable, 2 NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: Los Angeles (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2020

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 8/13/19 Signature _____
(month, day, year) (Candidate)