

Candidate Intention Statement

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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) MARSHALL, GLENN R DAYTIME TELEPHONE NUMBER (310) 346-7425 FAX NUMBER (optional) () EMAIL (optional) gmarshall@sbcglobal.net
STREET ADDRESS _____ CITY TORRANCE STATE CA ZIP CODE 90501
OFFICE SOUGHT (POSITION TITLE) County Board of Supervisors AGENCY NAME 4th Districts DISTRICT NUMBER, if applicable, 4th NON-PARTISAN OFFICE
OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) City County Multi-County: LOS ANGELES (Name of Multi-County Jurisdiction) 2020 (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 8/21/2019 Signature _____
(month, day, year) (Candidate)