

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
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2019 NOV 20 AM 9:37	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

PROPOSITION B UNIT

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
<u>Desiree T Washington</u>	<u>(424) 253 4668</u>	<u>()</u>	
STREET ADDRESS	CITY	STATE	ZIP CODE
	<u>LA</u>	<u>CA</u>	<u>90046</u>
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
<u>LA County Supervisor</u>		<u>4</u>	PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable)		
<input type="checkbox"/> State (Complete Part 2)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
(Name of Multi-County Jurisdiction)	<u>2020</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.)

(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 11/20/19
(month, day, year)

Signature _____
(Candidate)