

Candidate Intention Statement

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PROPOSITION B UNIT

CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) SIDENFADEN, TOMÁS	DAYTIME TELEPHONE NUMBER (424) 322-0554	FAX NUMBER (optional) ()	EMAIL (optional) INFO@TOMASFORLA.COM
STREET ADDRESS	CITY LOS ANGELES	STATE CA	ZIP CODE 90025
OFFICE SOUGHT (POSITION TITLE) COUNTY SUPERVISOR THIRD DISTRICT	AGENCY NAME	DISTRICT NUMBER, if applicable. 3	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
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)		2026 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 02/18/26 Signature _____
(month, day, year) (Candidate)