

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp RECEIVED BY LOS ANGELES COUNTY FE 3/13/15 PM 3:41 CAMPAIGN FINANCE DISCLOSURE SECTION

Check One: [x] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) Huff, Robert 'Bob'

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [x] NON-PARTISAN County Supervisor Los Angeles County 5 PARTY:

OFFICE JURISDICTION [] State (Complete Part 2) [] City [x] County [] Multi-County: Los Angeles County 2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2016 Primary/general election Special/runoff election

(Check one box)

[x] 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 March 9, 2015 (month, day, year)

Signature (Candidate)