Candidate Intention Stateme Check One: ⊠initial □ Ame	nt endment (Explain)		LOS ANGELE 2019 SEP 30 PROPOSITIO	PM 4: 07 CALIFORNIA 501 FORM For Official Use Only
1. Candidate Information:			,	y
NAME OF CANDIDATE (Last, First Middle Initial)	D	AYTIME TELEPHONE NUMBER	FAX NUMBER (optional)) EMAIL (optional)
Nuño, Jorge		213) 880-1427	()	press@nunoforsupervisor.com
STREET ADDRESS		ITY	STATE	
	· L	os Angeles	CA	90011
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBER, if ap	pplicable. 🔀 NON-PARTISAN OFFICE
County Supervisor	Los Angeles Coun	nty	District 2	PARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
State (Complete Part 2.)	Los Angeles			2020 PRIMARY/GENERAL
☐ City ☐ County ☐ Multi-County:		ne of Multi-County Jurisdiction)	(Yea	ar of Election) SPECIAL / RUNOFF
(Check one box) I accept the voluntary expenditure cei I do not accept the voluntary expendi Amendment: O I did not exceed the expenditure the general or special run-off ele	ture ceiling for the election	n stated above.	//_and I acc	cept the voluntary expenditure ceiling for
(Mark if applicable)		5 t + 200		
On, I contributed	personal funds in excess of	of the expenditure ceiling for th	ne election stated abov	ve.
3. Verification:				
I certify under penalty of perjury under	er the laws of the State	of California that the forego	oing is true and corre	ect.
Executed on	Signature	(Vandidate)		FPPC Form 501 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov