

Candidate Intention Statement

CALIFORNIA
FORM
501
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LOS ANGELES COUNTY
2019 NOV 26 AM 11:47

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Kobles, Albert DAYTIME TELEPHONE NUMBER (562) 234-0470 FAX NUMBER (562) 481-3717 EMAIL (optional) albert@albertrobles.com

STREET ADDRESS _____ CITY _____ STATE CA ZIP CODE 90745

OFFICE SOUGHT (POSITION TITLE) _____ AGENCY NAME Carson DISTRICT NUMBER, if applicable; NON-PARTISAN OFFICE _____

OFFICE JURISDICTION L.A. County Supervisor, District 2 PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

State (Complete Part 2.) City Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Check one box, if applicable.)

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 11-26-19 Signature _____ (Candidate)