

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial

Amendment (Explain) Updated Information

RECEIVED BY
LOS ANGELES COUNTY
1/3/19
2019 JAN -4 PH 3:09

1. Candidate Information:

CAMPAIGN FINANCE

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Villanueva, Alex	(310) 817-6679	(310) 672-6679	cine@politicalreportingplus.com
STREET ADDRESS	CITY	STATE	ZIP CODE
	Inglewood	CA	90301
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
Sheriff	County of Los Angeles		PARTY:
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)	2022	(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.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special runoff election**

(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 12-19-18
(month, day, year)

Signature _____
(Candidate)