

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>SMITH, BRIAN</u>	DAYTIME TELEPHONE NUMBER <u>(626) 494-3798</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>brian4LASupervisor@gmail.com</u>
STREET ADDRESS	CITY <u>AZUSA</u>	STATE <u>CA</u>	ZIP CODE <u>91702</u>
OFFICE SOUGHT (POSITION TITLE) <u>LOS ANGELES COUNTY SUPERVISOR</u>	AGENCY NAME	DISTRICT NUMBER, if applicable. <u>1</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE: (Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	<u>2022</u> (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.)

(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 2/22/22 Signature _____
(month, day, year) (Candidate)