

**Candidate Intention Statement**

11/18/2022 (FE)  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 2022 DEC -1 AM 10:36  
 PROPOSITION 8 UNIT  
**CALIFORNIA FORM 501**  
 For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Barger, Kathryn		( 213 ) 452-6565	( 213 ) 452-6575	jguard@kaufmanlegalgroup.com
STREET ADDRESS		CITY	STATE	ZIP CODE
		Los Angeles	CA	90017
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
County Supervisor	Board of Supervisors	5	PARTY PREFERENCE:	
OFFICE JURISDICTION		(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		
		2024	(Year of Election)	
		(Name of Multi-County Jurisdiction)		

**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 11/9/2022 Signature \_\_\_\_\_  
(month, day, year) (Candidate)