

Candidate Intention Statement

1/13/23

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 LOS ANGELES COUNTY
 2023 JAN 13 PM 3:18
 PROPOSITION B UNIT

CALIFORNIA FORM **501**
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Cruikshank, John M.	DAYTIME TELEPHONE NUMBER (424) 772-8648	FAX NUMBER (optional) ()	EMAIL (optional) john@johncruikshank.us
STREET ADDRESS	CITY Rancho Palos Verdes	STATE CA	ZIP CODE 90275
OFFICE SOUGHT (POSITION TITLE) Supervisor	AGENCY NAME Los Angeles County	DISTRICT NUMBER, if applicable. 4	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE:
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)		2024 (Year of Election)	(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

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 January 11 2023 Signature _____
(month, day, year) (Candidate)