Candidate Intention Statement		MAY 1 3 2025 GLS RECEINSED BY LOS ANGELES COUNT FORM 501	
		PROPOSITIO	IN B UNIT
1. Candidate Information:			
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
White, Andre	(310) 878-4131	(310) 672-6679	cine@politicalreportingplus.com
STREET ADDRESS	CITY	STATE	ZIP CODE
	Inglewood	CA	90302
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applica	Ible. NON-PARTISAN OFFICE
Los Angeles County Sheriff Co	ounty of Los Angeles		PARTY PREFERENCE:
			(Check one box, if applicable.)
State (Complete Part 2.)		20	26 PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of E	

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

O 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.

Signature .

Executed on _____05/09/2025 (month, day, year)

(Candidate)