

SEP 04 2025 GLS

Candidate Intention StatementCheck One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp

CALIFORNIA
FORM**501**

For Official Use Only

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LOS ANGELES COUNTY

2025 SEP -5 PM 4:01

PROPOSITION B UNIT

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Strong, Eric

DAYTIME TELEPHONE NUMBER

(424) 271-5055

FAX NUMBER (optional)

()

EMAIL (optional)

dgconsultingandmore@gmail.com

STREET ADDRESS

CITY

Riverside

STATE

CA

ZIP CODE

92508

OFFICE SOUGHT (POSITION TITLE)

Los Angeles County Sheriff

AGENCY NAME

County of Los Angeles

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)☒ PRIMARY / GENERAL☐ City ☒ County ☐ Multi-County: _____

(Name of Multi-County Jurisdiction)

2026

(Year of Election)

☐ 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 08/27/2025
(month, day, year)Signature _____
(Candidate)FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov