

Candidate Intention Statement

LOCAL

Type or Print in Ink.

RECEIVED
Date Stamp
DEC 31 2014
SECRETARY OF STATE-PRD

CANDIDATE INTENTION STATEMENT
CALIFORNIA FORM 501
For Official Use Only
15 JAN 20 PM 4:00
19 1/16/15 ON
DISCLOSURE SECTION

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
 NAPOLITANO, STEVEN, A ()
 STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN
 SUPERVISOR LOS ANGELES COUNTY 4 PARTY:

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ 2016
 (Name of Multi-County Jurisdiction) (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

 (Year of Election) Primary/general election Special/runoff election
 (Year of Election)

(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 DECEMBER 28, 2014
(month, day, year)

Signature _____
(Candidate)