

Candidate Intention Statement

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 MAR -4 PM 2: 57 PROPOSITION B UNIT	CALIFORNIA FORM 501 <small>For Official Use Only</small>
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) KARLA YESENIA CARRANZA		DAYTIME TELEPHONE NUMBER (562) 882-7131	OFFICE FAX NUMBER (optional) (562) 774-1804	EMAIL (optional) KARLA.CARRANZA.4.LASHERIFF.2022@gmail.com
STREET ADDRESS WHITTIER		CITY CA	STATE CA	ZIP CODE 90603
OFFICE SOUGHT (POSITION TITLE) SHERIFF	AGENCY NAME LOS ANGELES COUNTY		DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
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)		PARTY PREFERENCE: (Check one box, if applicable.) 2022 <input checked="" type="checkbox"/> PRIMARY / GENERAL (Year of Election) <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 03/04/2022
(month, day, year)

Signature _____
Candidate)