

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Sun, Sandy</u>	DAYTIME TELEPHONE NUMBER <u>(213) 587-2575</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>sandy.sun888@outlook.com</u>
STREET ADDRESS	CITY <u>, Los Angeles</u>	STATE <u>CA</u>	ZIP CODE <u>90012</u>
OFFICE SOUGHT (POSITION TITLE) <u>Assessor</u>	AGENCY NAME <u>LA County Assessor's Office</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
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)	2018 (Year of Election)		

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff 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 3/9/18
(month, day, year)

Signature _____
(Candidate)