

Candidate Intention Statement

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
 11/31/19
 2019 FEB -5 PM 3:41
 CAMPAIGN FINANCE

CALIFORNIA FORM	501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Wimbenley Fred M.	DAYTIME TELEPHONE NUMBER (323) 989-5744	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS	CITY	STATE	ZIP CODE
Los Angeles, California 90016-4719			
OFFICE SOUGHT (POSITION TITLE) 2nd District Supervisor	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE: Democrat		
<input type="checkbox"/> State (Complete Part 2.)	(Check one box, if applicable.)		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
(Name of Multi-County Jurisdiction)	<input type="checkbox"/> SPECIAL / RUNOFF		
	2020 (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.)

(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 1/14/2019 Signature _____
(month, day, year) (Candidate)