Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Rhodes, Sharis

DAYTIME TELEPHONE NUMBER
(310) 692-6823

FAX NUMBER (optional) ( )

EMAIL (optional)
SHARISRHODES@ME.COM

STREET ADDRESS

CITY
LOS ANGELES

STATE **CA**

ZIP CODE **90001**

OFFICE SOUGHT (POSITION TITLE)
LOS ANGELES COUNTY BOARD SUPERVISORS ~~DISTRICT 2~~

AGENCY NAME

DISTRICT NUMBER, if applicable. **2**

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE: **DEMOCRATIC**
(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☑ County ☐ Multi-County: **LOS ANGELES**
(Name of Multi-County Jurisdiction)

2020
(Year of Election)

☑ PRIMARY / GENERAL

☐ 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 **October 22, 2018**
(month, day, year)

Signature _____
(Candidate)