Candidate Intention Statement

Date Stamp

RECEIVED BY
LOS ANGELES COUNTY

2019 JUL 10 AM 10: 36

PROPOSITION B UNIT

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial   ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Harabedian, John	(626) 616-2095	( )	

STREET ADDRESS	CITY	STATE	ZIP CODE
	Sierra Madre	CA	91024

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE
County Supervisor	LA County	5	PARTY PREFERENCE:

OFFICE JURISDICTION   (Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City ☒ County ☐ Multi-County: _____ (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 ___July 8, 2019___
(month, day, year)

Signature _____
(Candidate)