

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

Date Stamp: FE 3/6/15
2015 MAR -9
AM ID: 52
CALIFORNIA FINANCIAL DISCLOSURE ACT

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Carr, Elan S.
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) Member - Board of Supervisors
AGENCY NAME County of Los Angeles
DISTRICT NUMBER, if applicable. 5
NON-PARTISAN [X]
PARTY:

OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[ ] City [X] County [ ] Multi-County:
2016 (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.)

Primary/general 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 2/27/15 Signature \_\_\_\_\_