Candidate Intention Statement		Date Stamp	CALIFORNIA 501
Check One: Initial Amendment	t (Explain)		OUN Y For Official Use Only
		2016 FEB -8 AM	10-12
1. Candidate Information:		W GAMPAIGN FIN	ANOL
NAME OF CANDIDATE (Last, First, Middle Initial) RAGH PACHIELU	DAYTIME TELEPHONE NUMBER FAX	K NUMBER (optional) E-MAIL	(optional)
STREET ADDRESS	CITY	STATE ZIP CODE	
	ENCY NAME	DISTRICT NUMBER, if applicable.	19 NON-PARTISAN
SUPERVISOR (424 DIST.) LOS PROOFFICE JURISDICTION	sgales County	7	PARTY:
☐ State (Complete Part 2.) ☐ City ☑ County ☐ Multi-County:	Los Angeles (Name of Multi-County Jurisdiction)	Zo/6 (Year of Election)	
Year of Election (Check one box) accept the voluntary expenditure ceiling for the second se	(Year of Election) Special/runoff election the election stated above.		
 I do not accept the voluntary expenditure ceil Amendment: I did not exceed the expenditure ceiling the general or special run-off election. 	ling for the election stated above. in the primary or special election held on:/	_/ and I accept the volur	ntary expenditure ceiling for
(Mark if epplicable) On/, I contributed personal f	funds in excess of the expenditure ceiling for the elec-	ction stated above.	
3. Verification:			
I certify under penalty of perjury under the law	ws of the State of California that the foregoing is	true and correct.	
Executed on (month, day, year)	Signature (Candidate)	FPPC	FPPC Form 501 (Jan/2016 Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov