

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

RECEIVED BY
LOS ANGELES COUNTY
2017 MAR 28 PM 1:50
CAMPAIGN FINANCE

CALIFORNIA FORM **501**

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Kuehl, Sheila J.	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) ()	E-MAIL (optional)
STREET ADDRESS Santa Monica	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) LA County Supervisor	AGENCY NAME LA County	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN PARTY: Democratic
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2018 (Year of Election)	

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

____ Primary/general election (Year of Election) ____ Special/runoff election (Year of 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 3/21/17
(month, day, year)

Signature _____
(Candidate)