

Candidate Intention Statement

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2017 OCT 19 PM 1:45 CAMPAIGN FINANCE	CALIFORNIA FORM 501 For Official Use Only
--	---

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Glaser, Daniel, G</u>	DAYTIME TELEPHONE NUMBER _____	FAX NUMBER (optional) () _____	E-MAIL (optional) <u>dglaser@gmail.com</u>
STREET ADDRESS _____	CITY <u>Sherman Oaks</u>	STATE <u>CA</u>	ZIP CODE <u>91403</u>
OFFICE SOUGHT (POSITION TITLE) <u>Board of Supervisors</u>	AGENCY NAME _____	DISTRICT NUMBER, if applicable. <u>3</u>	<input checked="" type="checkbox"/> NON-PARTISAN PARTY: _____
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 and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of 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 October, 19, 2017
(month, day, year)

Signature _____
(Candidate)