

# Candidate Intention Statement

RECEIVED BY LOS ANGELES COUNTY 2021 MAY -3 AM 11:42 PROPOSITION B UNIT	<b>CALIFORNIA FORM 501</b> For Official Use Only
---	---

Check One:  Initial  Amendment (Explain) Amending Office Sought

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Vera, Eliezer		( 909 ) 732-9377	( )	Eli@vera4sheriff.com
STREET ADDRESS		CITY	STATE	ZIP CODE
		Pomona	CA	91768
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Sheriff	Los Angeles			PARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)				<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____				<input type="checkbox"/> SPECIAL / RUNOFF
				2022 (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.)

(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 05/03/2021 Signature \_\_\_\_\_

(month, day, year) (Candidate)