

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain)

RECEIVED BY LOS ANGELES COUNTY 2015 APR 23 PM 4:14

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

CAMPAIGN FINANCE FAX NUMBER (optional) E-MAIL (optional)

Englander, Mitchell

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

Supervisor

County of Los Angeles

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PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

County of Los Angeles

(Name of Multi-County Jurisdiction)

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 4.21.15 (month, day, year)

Signature (Candidate)