

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
RECEIVED BY LOS ANGELES COUNTY 4 2016 APR 13 PM 2:58	
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Martin Enriquez DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ E-MAIL (optional) _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) Supervisor 5th District AGENCY NAME _____ DISTRICT NUMBER, if applicable. 5th NON-PARTISAN PARTY: _____
 OFFICE JURISDICTION
 State (Complete Part 2.) City County Multi-County: N/A (Name of Multi-County Jurisdiction) _____
 (Year of Election) 2016

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 13 April 2016 Signature _____
 (month, day, year) (Candidate)