Candidate Intention Statement	CALIFORNIA 501
Check One: ∰Initial ☐ Amendment (Explain)	cial Use
	Imperial
1. Candidate Information:	County
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional)	
a Smith, work Thotal 3511	7
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OFFICE SOUGHT (POSITION TITLE) AGENCY NAME OFFICE SOUGHT (POSITION TITLE) AGENCY NAME OFFICE SOUGHT (POSITION TITLE)	DISTRICT NUMBER, if applicable.
めいどうり	PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.)	(Check one box, if applicable,) PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
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: O I did not exceed the expenditure ceiling in the primary or special election held on ing for the general or special run-off election.	and I accept the voluntary expenditure ceil-
(Mark if applicable)	
On I contributed personal funds in excess of the expenditure ceiling for the election stated above	n stated above.
3. Verification:	
nder the laws of the State of California that the foregoing is true and	correct.
Executed on Start Signature Man Small (Candidate)	

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov