Candidate Int	ention S	tatement ☐Amendment (Explain)	Type or Print in Ink.		RECEIVED OF LOS ALAMITOS UG 10 AM 9:56	CALIFORNIA 501 FORM For Official Use Only
1. Candidate In	formation	# #			1	
NAME OF CANDIDATE	(Last, First, Middle I	Initial)	DAYTIME TELEPHONE NUMBER	FAX NUM	MBER (optional) E-MAIL (op	tional)
STREET ADDRESS	10 L)	1 Wapy	CITY		STATE ZIP CODE	
J T LOS TEST		1	les ALAITOS	ς (A 907	
OFFICE SOUGHT (POSI	TION TITLE)	AGENCY NAME			ISTRICT NUMBER, if applicable.	NON-PARTISAN
OFFICE JURISDICTION	CIF /	MR CITY COUN	C/(P	ARTY:
State (Complete	Part 2.)	/				
☑ City ☐ Co	ounty 🔲 N	Iulti-County:	(Name of Multi-County Jurisdiction)		(Year of Election)	
(Year of Election) (Check one box) I accept the	voluntary exp	enditure ceiling for the electic	on stated above.			
☐ I do not acce Amendmen	_	tary expenditure ceiling for the	e election stated above.			
		expenditure ceiling in the priral run-off election.	nary or special election held on:		and I accept the volunta	ry expenditure ceiling for
(Mark if applicable)		ontributed personal funds in a	xcess of the expenditure ceiling for ti	ha election :	stated ahove	
	, i CC	minipated betautiat tatida III 6	voces of the exhericitive count for t	ne election :	Stated above.	
3. Verification:		<u> </u>				
I certify under	penalty of p	erjury under the laws of the	State of California that the forego	ing is true	and correct.	
	8-1	2-11				
Executed on	(month, da	O - /, Signat	ure		FPPC Toll-Free Help	FPPC Form 501 (April/2011) line: 866/ASK-FPPC (866/275-3772)

CANDIDATE INTENTION STATEMENT