

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED CITY OF LOS ALAMITOS 2018 JUL 23 PM 4:41	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Doby, Tanya D DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] STATE ZIP [REDACTED]

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME CITY OF LOS ALAMITOS DISTRICT NUMBER, if applicable. 90720 NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) (Year of Election) 2018

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 information provided is true and correct.

Executed on 7/23/18 Signature [REDACTED]
(month, day, year)