

Candidate Intention Statement

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 FEB 16 AM 9:39 PROPOSITION B UNIT	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Craig A. Brill		DAYTIME TELEPHONE NUMBER (213) 631-1660	FAX NUMBER (optional) ()	EMAIL (optional) craig@craigforsupervisorla.com
STREET ADDRESS		CITY Los Angeles	STATE CA	ZIP CODE 90048
OFFICE SOUGHT (POSITION TITLE) County Supervisor	AGENCY NAME	DISTRICT NUMBER, if applicable. District 3	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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:

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 2/07/2020
(month, day, year)

Signature _____
(Candidate)