

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

RECEIVED
CITY OF LOS ALAMITOS
2018 JUL 20 AM 8:40

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Kusumoto, Warren W DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Los Alamitos STATE CA ZIP CODE 90720

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

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

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 _____ correct.

Executed on 7/20/2018
(month, day, year)

Signature [REDACTED]