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LOCAL

Candidate Intention Statement

Type or Print in Ink.

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CALIFORNIA FORM 501

For Official Use Only

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DISCLOSURE ELECTION

Check One: ☒ Initial   ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Essavi, Jozef T.			

STREET ADDRESS	CITY	STATE	ZIP CODE

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN
Trustee,	Los Angeles Community College Board of Trustees	3	PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City   ☒ County   ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2015 (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.)

_____ **Primary/general election** (Year of Election)

_____ **Special/runoff election** (Year of 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 foregoing is true and correct.

Executed on ___11/12/2014___   Signature _____
(month, day, year)