Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Harold L Reed

DAYTIME TELEPHONE NUMBER ▮▮▮▮

FAX NUMBER (optional) ( )

EMAIL (optional) *H_REED2001@yahoo.cor*

STREET ADDRESS ▮▮▮▮

CITY *HomeGarden Service District*

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)
Board member

AGENCY NAME
HomeGarden Service District

DISTRICT NUMBER, If applicable,

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

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

(Check one box, if applicable.)

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

(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.)

(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 _*7-18-22*_
(month, day, year)

Signature ▮▮▮▮
(Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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