

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

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Check One: [] Initial

[x] Amendment (Explain) Updated Information

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) Ekwegh, Tavonia (310) 654-6689 () Dr.Ekwegh@outlook.com STREET ADDRESS CITY STATE ZIP CODE 17810 Elm Ct. Carson CA 90746 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [x] NON-PARTISAN City Council Member City of Carson PARTY: OFFICE JURISDICTION [] State (Complete Part 2) [x] City [] County [] Multi-County: (Name of Multi County Jurisdiction) 2016 (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 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 foregoing is true and correct.

Executed on 10/26/2016 (month, day, year)

Signature [Handwritten Signature] (Candidate)