

ORIGINAL

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: [x] Initial [ ] Amendment (Explain) \_\_\_\_\_ 15

Date Stamp JUL -2 PM 12: 24 CITY OF CARSON

1. Candidate Information:

NAME OF CANDIDATE Robles, Albert; DAYTIME TELEPHONE NUMBER 562-983-0815; FAX NUMBER 562-983-0817; E-MAIL gary@crummittandassociates.com; STREET ADDRESS 525 E. Seaside Way, #101-C; CITY Long Beach; STATE CA; ZIP CODE 90802; OFFICE SOUGHT Mayor; AGENCY NAME City of Carson; DISTRICT NUMBER 0; OFFICE JURISDICTION City; Year of Election 2017

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 04/29/2015 (month, day, year)

Signature Albert Robles (Candidate)

Albert Robles

FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)