Candidate Ir	ntention S	tatement		Date Stamp CALIFORNIA 501			
Check One:	∭initial	☐Amendment (Expla	ain)	on the control of the	NGV 14 20	23	For Official Use Only
				angles and and and and and and and and and and	O Electic		
1. Candidate Ir	nformation:						
NAME OF CANDIDATE	(Last, First Middle Init	tial)	DAYTIME TELEPHONE NU	MBER FAX NUME	BER (optional)	EMAIL (optional)	
	MALIRA	2,		()			
STREET ADDRESS			CITY		STATE -	001	
OFFICE SCOOM (FOS		AGENCY NA	Red Bluga, CA	IDISTRICT N		© NON-PARTISA	N OFFICE
	BUNT		W.E.		ONE	ľ	
OFFICE JURISDICTION		of WICL			UNI	PARTY PREFERE (Check one	NCE: e box, if applicable.)
State (Complete	e Part 2.)					☐ PRIMA	RY / GENERAL
City C	ounty Mu	ulti-County:	(Name of Multi-County Jurisdict	tion)	(Year of Elec	tion) SPECI	AL / RUNOFF
Amendm O I did n	ent: not exceed the		g for the election stated above the primary or special electic ection.		/ and	I accept the vo	untary expenditure
(Mark if applicable)	1 c	contributed personal fun	ds in excess of the expendit	ure ceiling for the el	lection stated a	above.	
3. Verification:							
I certify under	penalty of pe	rjury under the laws of t	the State of California that th	e foregoing is true	and correct.		
Executed on	/5-14-0 (month, day,	23 Sign	nature			FPPC Advice: ac	FPPC Form 501 (August/2018 vice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov