

Candidate Intention Statement

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of the State of California

FEB 12 2014

DEBRA BOWEN
Secretary of State

CANDIDATE INTENTION STATEMENT
CALIFORNIA
FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	ORLY TAITZ			DAYTIME TELEPHONE NUMBER	(918) 683-5411	FAX NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS	2983 Santa Margarita, Ste 100, Rancho Santa Margarita			CITY	CA	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	Attorney General			DISTRICT NUMBER, if applicable			
OFFICE JURISDICTION	☒ State (Complete Part 2) ☐ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)			2014		(Year of Election)	
AGENCY NAME				☐ NON-PARTISAN PARTY: _____			

2. State Candidate Expenditure Limit Statement:

(Carpers and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2)

Primary/general election
(Year of Election)

2014
(Year of 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 am
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 02.12.2014
(month, day, year)

Signature _____
(Candidate)

Taitz
e-mail:
orly.taitz@gmail.com
per request of HS Taitz
send copy of
file stamped
501 to above
e-mail