

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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**CALIFORNIA
FORM 501**

For Official Use Only

Check One: ☐ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

ORLY TAITZ

DAYTIME TELEPHONE NUMBER

(949) 683-5411

FAX NUMBER (optional)

(949) 766-7603 orl

E-MAIL (optional)

STREET ADDRESS

2983 Santa Margarita, Ste 100, Rancho Santa Margarita CA 92688

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Attorney General

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☒ State (Complete Part 2.)

☐ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2014
(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 (Year of Election) Primary/general 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 accept the voluntary expenditure ceiling for the general or special run-off election.

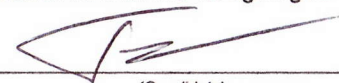
(Mark if applicable)

☐ 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 02.12.2014
(month, day, year)

Signature 
(Candidate)