

**Candidate Intention Statement**

|   |                            |
|---|----------------------------|
| Date Stamp  | <b>CALIFORNIA FORM 501</b> |
| RECEIVED BY<br>LOS ANGELES COUNTY<br>2018 SEP 12 AM 10:35 | For Official Use Only      |

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

|   |                       |   |   |                  |
|---|-----------------------|---|---|------------------|
| NAME OF CANDIDATE (Last, First Middle Initial)  |                       | DAYTIME TELEPHONE NUMBER                              | FAX NUMBER (optional)                                   | EMAIL (optional) |
| Lacey, Jacquelyn  |                       | ( 213 ) 452-6565                                      | ( )   |                  |
| STREET ADDRESS  |                       | CITY  | STATE   | ZIP CODE         |
|   |                       | Los Angeles   | CA  | 90017            |
| OFFICE SOUGHT (POSITION TITLE)  | AGENCY NAME           | DISTRICT NUMBER, if applicable                        | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |                  |
| District Attorney   | County of Los Angeles | N/A   | PARTY PREFERENCE:                                       |                  |
| OFFICE JURISDICTION   |                       | (Check one box, if applicable.)                       |   |                  |
| <input type="checkbox"/> State (Complete Part 2.)   |                       | <input checked="" type="checkbox"/> PRIMARY / GENERAL |   |                  |
| <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ |                       | <input type="checkbox"/> SPECIAL / RUNOFF             |   |                  |
|   |                       | 2020<br>(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.)*

*(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 9/4/18 Signature \_\_\_\_\_  
*(month, day, year)*