Candidate Intention Statement

Check One: [x] Initial   ☐ Amendment (Explain) _____

_____

Date Stamp

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2023 APR -3 AM 9: 58

3/30/23 FE

PROPOSITION # UNIT

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Hochman, Nathan	(310) 592-2144	( )	nathanjhochman@gmail.com

STREET ADDRESS	CITY	STATE	ZIP CODE
	Los Angeles	CA	90067

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	[X] NON-PARTISAN OFFICE
District Attorney	Los Angeles County		PARTY PREFERENCE:

OFFICE JURISDICTION
(Check one box, if applicable.)

☐ State (Complete Part 2.)   [X] PRIMARY / GENERAL

☐ City   [X] County   ☐ Multi-County: _____ 2024   ☐ SPECIAL / RUNOFF
                                          (Name of Multi-County Jurisdiction)   (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)

[X] **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 ___03/16/2023___   Signature _____
          (month, day, year)   *(Candidate)*