

Candidate Intention Statement		Date Stamp	For Official Use Only
Check One:	Explain)		
. Candidate Information:			
AME OF CANDIDATE (Last First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMA	IL (optional)
David S. Milton	(626) 232-8888	() da	vidsmiltonlawfirm@gmail.com
FREET ADDRESS	CITY	STATE ZIP C	ODE
	Pasadena	CA 911	
FFICE SOUGHT (POSITION TITLE) AGENCY N	NAME	DISTRICT NUMBER, if applicable	ION-PARTISAN OFFICE
	Attorney	PAR	TY PREFERENCE:
FFICE JURISDICTION			(Check one box, if applicable.)
State (Complete Part ?)		2024	, PRIMARY / GENERAL .
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates (Check one box)	lidates for local offices do not complete Part 2)		
CalPERS and CalSTRS candidates, judges, judicial candidates, and cand	ne election stated above. In the primary or special election held on	and I acc	ept the, voluntary expenditure
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