

Candidate Intention Statement

SEP 08 2023 **FE.**

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
 2023 SEP 12 PM 3: 29
PROPOSITION B UNIT

CALIFORNIA
FORM **501**
 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)
Chemerinsky, Jeff		(510) 423-4300	()	filings@seowenscompany.com
STREET ADDRESS		CITY	STATE	ZIP CODE
		Oakland	CA	94607
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
District Attorney	Los Angeles County			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: _____ (Name of Multi-County Jurisdiction)				<input type="checkbox"/> SPECIAL / RUNOFF
				2024 (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 09/09/2023 Signature _____
 (month, day, year)