

# Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

Date Stamp	<b>CALIFORNIA FORM 501</b>
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>KAPELOVITZ, Dan</b>	DAYTIME TELEPHONE NUMBER <b>(323) 839-6227</b>	FAX NUMBER (optional) <b>( )</b>	EMAIL (optional) <b>Kapelovitz@hotmail.com</b>
STREET ADDRESS	CITY <b>Los Angeles</b>	STATE <b>CA</b>	ZIP CODE <b>90046</b>
OFFICE SOUGHT (POSITION TITLE) <b>District Attorney of Los Angeles County</b>	AGENCY NAME <b>Los Angeles</b>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION			PARTY PREFERENCE:
<input type="checkbox"/> State (Complete Part 2.)			(Check one box, if applicable.)
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____			<input checked="" type="checkbox"/> PRIMARY / GENERAL
			<input type="checkbox"/> SPECIAL / RUNOFF
			<b>2024</b> (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 11/21/23  
(month, day, year)

Signature   
(Candidate)