Candidate Intention Statement			Date Stamp RECEIVED BY CALIFORNIA 501			
Check One: Initial	Amendment (Explain)		ANGELES	COUNTY	For Official Use Only	
			- 2013 JAN -9 PM 3: 47			
1. Candidate Information:			157 GOLLIDI	s B UALL		
NÁME OF CANDIDATE (Last, First Middle Initia	al) DAYTIME TELEPHONE NUMBER	FAX NU	MBER (optional)	EMAIL (optional)		
Hahn, Janice	(213) 452-6565	()			
STREET ADDRESS	спу		STATE	ZIP CODE		
	Los Angeles		CA	90017		
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT	NUMBER, if applica	ble. NON-PARTISAN	OFFICE	
County Supervisor	Los Angeles County Board of Supervisors	4		PARTY PREFERENCE	CE:	
OFFICE JURISDICTION					oox, if applicable.)	
State (Complete Part 2.)			2024	PRIMAR	Y / GENERAL	
City County . Mul	ti-County: (Name of Multi-County Jurisdiction)		(Year of E	lection) SPECIAL	/RUNOFF	
Amendment: O I did not exceed the	penditure ceiling for the election stated above. Itary expenditure ceiling for the election stated above. Expenditure ceiling in the primary or special election hele Itarian or special run-off election.	d on	/ an	d I accept the volu	intary expenditure	
(Mark if applicable)	ontributed personal funds in excess of the expenditure ce	iling for the	election stated	i above.		
3. Verification:						
I certify under penalty of per	rjury under the laws of the State of California that the fore	going is tru	e and correct.			
Executed on						