

Candidate Intention Statement

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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) Bradford, Daphne D DAYTIME TELEPHONE NUMBER 323 350-7878 FAX NUMBER (optional) _____ EMAIL (optional) mfr@daphnebradford.com
 STREET ADDRESS _____ CITY Los Angeles STATE CA ZIP CODE 90045
 OFFICE SOUGHT (POSITION TITLE) Los Angeles County Supervisor AGENCY NAME _____ DISTRICT NUMBER, if applicable. 2 NON-PARTISAN OFFICE
 OFFICE JURISDICTION _____ PARTY PREFERENCE: _____
 State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) _____
 (Check one box, if applicable.) 2024 PRIMARY / GENERAL SPECIAL / RUNOFF
 (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 July 7, 2023 Signature _____
 (month, day, year) (Candidate)