

# Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>
RECEIVED BY LOS ANGELES COUNTY	
2022 DEC 30 PM 3:07 12/20/22 FFE	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Gascon, George	DAYTIME TELEPHONE NUMBER (213 ) 452-6565	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS	CITY Los Angeles	STATE CA	ZIP CODE 90017
OFFICE SOUGHT (POSITION TITLE) District Attorney	AGENCY NAME County of Los Angeles	DISTRICT NUMBER, if applicable N/A	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2024 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

## 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 12/28/22  
(month, day, year)

Signature \_\_\_\_\_  
Candidates