

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) <i>Archuleta, Debra</i>	DAYTIME TELEPHONE NUMBER <i>(213) 292-7200</i>	FAX NUMBER (optional) <i>(213) 489-4818</i>	EMAIL (optional) <i>info@judgeDAforDA</i>
STREET ADDRESS <i>Whittier</i>		CITY <i>Whittier</i>	STATE <i>CA</i>
OFFICE SOUGHT (POSITION TITLE) <i>District Attorney</i>		AGENCY NAME <i>Los Angeles</i>	DISTRICT NUMBER, if applicable. <input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE:	
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<small>(Check one box, if applicable.)</small> <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
		2024 <small>(Year of Election)</small>	

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 9/18/2023
(month, day, year)

Signature _____
(Candidate)