

# Candidate Intention Statement

**CALIFORNIA FORM 501**  
For Official Use Only

Date Stamp  
**RECEIVED BY**  
**LOS ANGELES COUNTY**  
**2018 OCT 21 PM 4: 59**

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Rossi, Rachel

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

( 310 ) 817-6679

CITY

Inglewood

AGENCY NAME

County of Los Angeles

OFFICE SOUGHT (POSITION TITLE)

DISTRICT NUMBER, if applicable,  NON-PARTISAN OFFICE

District Attorney

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

City  County  Multi-County: \_\_\_\_\_

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

PRIMARY / GENERAL

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 10/15/2019  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)