

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED BY LOS ANGELES COUNTY	For: Official Use Only
FEB 7 PM 3:19 2/4/23 UPS	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Hatami, Jonathan		(949) 441-5352	()	
STREET ADDRESS		CITY	STATE	ZIP CODE
		Irvine	CA	92612
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
District Attorney	County of Los Angeles	N/A	PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County:	<input type="checkbox"/> SPECIAL / RUNOFF	
		(Name of Multi-County Jurisdiction)	(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 x.

Executed on 2/4/23 Signature _____
(month, day, year) (Candidate)