

Candidate Intention Statement

2/16/23 FE

Date Stamp	CALIFORNIA FORM 501
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2023 FEB 17 PM 4:07	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
McKinney, John Edward		() ()	() ()	
STREET ADDRESS		CITY	STATE	ZIP CODE
		Encino	CA	91436
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
District Attorney	LA County			PARTY PREFERENCE:
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Multi-County: _____	2024	<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 of California that the foregoing is true and correct.

Executed on 2/15/23 Signature _____
(month, day, year) (Candidate)