andidate Intention Statement Check One: ☑ Initial ☐ Amendment (Explain)		Date Stamp RECEIVED BY LOS ANGELES COUNTY 2025 MAR -4 PM 3: 56 CALIFORNIA FORM For Official Use Only	
. Candidate Information:			
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Durazo, Maria Elena	(213) 452-6565	(213) 452-6575	pcdfilings@kaufmanlegalgroup.com
TREET ADDRESS	CITY	STATE	ZIP CODE
	Los Angeles	CA	90017
FFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applica	ble. NON-PARTISAN OFFICE
upervisor	County of Los Angeles	1	PARTY PREFERENCE: (Check one box, if applicable.)
FFICE JURISDICTION State (Complete Part 2.)		2026	PRIMARY / GENERAL
☐ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of	Election) SPECIAL / RUNOFF
(Check one box) I accept the voluntary expenditure	ceiling for the election stated above.		
 I did not exceed the expendit ing for the general or special 	ure ceiling in the primary or special election held or run-off election.	on and	I accept the voluntary expenditure ceil-
(Mark if applicable)			
On I contribute	d personal funds in excess of the expenditure ceil	ing for the election stated a	bove.
3. Verification:			
I certify under penalty of perjury under	er the laws of the State of California that the forego	oing is true and correct.	
Executed on03/03/2025	Signature		