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LOS ANGELES COUNTY

2023 JUL -7 AM 11:17
7/5/2023
PROPOSITION B UNIT

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
David S. Milton	(626) 232-8888		davidsmiltonlawfirm@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
	Pasadena	CA	91104
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
District Attorney, Los Angeles County	District Attorney		PARTY PREFERENCE
OFFICE JURISDICTION			(Check one box, if applicable)
<input type="checkbox"/> State (Complete Part 2)		2024	<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County	(Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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 July 3 2023 Signature _____
(month day year) (Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov