

# Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only

Date Stamp  
RECEIVED

MAY 16 2022

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

KINGS COUNTY ELECTIONS

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Keith Fagundes

DAYTIME TELEPHONE NUMBER

(559 ) 707-1655

FAX NUMBER (optional)

fagundeslaw@gmail.com

EMAIL (optional)

STREET ADDRESS

CITY  
Hanford

STATE  
CA

ZIP CODE  
93230

OFFICE SOUGHT (POSITION TITLE)

Agency Name  
Kings County DA

DISTRICT NUMBER, if applicable:  NON-PARTISAN OFFICE

PARTY PREFERENCE:  
(Check one box, if applicable.)

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

PRIMARY / GENERAL

SPECIAL / RUNOFF

(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

5-16-22

(month, day, year)

Signature

*Keith Fagundes*  
(Candidate)

(Candidate)