Candidate Intention Statement					RECEIVED		CALIFORNIA 501
Check One:	🕱 Initial	[	Amendment (Explain)		MAY 0 3 20	023	For Official Use Only
					KINGS COUNTY EL	ECTIONS	5
1. Candidate i	nformation:						
NAME OF CANDIDAT	E (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	F	FAX NUMBER (optional)	EMAIL (o)	ononal)
Hacker	Sarah		559-408-8383				
STREET ADDRESS			СЛҮ		STATE	ZIP GOĐ!	•
			Hanford		CA	93230	
OFFICE SOUGHT (PC	OSITION TITLE)		AGENCY NAME	DISTRICT	NUMBER, if applicable	_	-PARTISAN OFFICE REFERENCE
District Attorne  OFFICE JURISDICTIO  State (C		Multi-County	Kings  (Name of Multi-County Jursdiction)		*******	7/2028 f Election)	(Check one box, if applicable.)  RIMARY / GENERAL  SPECIAL
(CalPERS and CalST) (Check one bu	pt the voluntary expendent accept the voluntary adment: did not exceed the expeding for the general or	fiture ceiling for the expenditure ceiling for the expenditure ceiling tenditure ceiling the expenditure ceiling in the expecial run-off ele	election stated above.  g for the election stated above.  the primary or special election held on		xcept the voluntary expe	nditure	
-			of the State of California that the foregoing is true and c	orrect.			