

Candidate Intention Statement

Date Stamp RECEIVED JUN 25 2024	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

KINGS COUNTY ELECTIONS

NAME OF CANDIDATE (Last, First Middle Initial) Jackson, Crystal	DAYTIME TELEPHONE NUMBER (559) 362-4489	FAX NUMBER (optional) ()	EMAIL (optional) jacksoncysj@gmail.com
STREET ADDRESS [REDACTED]	CITY Lemoore	STATE CA	ZIP CODE 93245
OFFICE SOUGHT (POSITION TITLE) West Hills Community College District	AGENCY NAME Kings County	DISTRICT NUMBER, if applicable 4	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		2024 (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 06/17/2024
(month, day, year)

Signature [REDACTED]
(Candidate)