Candidate Intention Statement			RECEIVED		CALIFORNIA 501
Check One: ☑ Initial ☐ Amendr	ment (Explain)	_			For Official Use Only
		_ KINGS	COUNTY EL	ECTIONS	
1. Candidate Information:					
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (op	tional)
Lee, Kristine	(559) 707-8734	, <u> </u>	•		7@comcast.net
STREET ADDRESS	CITY	, ,	STATE	ZIP CODE	-
	Lemoore		CA	93245	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME DI	ISTRICT NUMB	ER, if applical	ole. 🛛 NON-F	PARTISAN OFFICE
Assessor/Clerk-Recorder	Kings County			PARTY PE	REFERENCE:
OFFICE JURISDICTION				(C	heck one box, if applicable.)
State (Complete Part 2.)			2022	Z	PRIMARY/GENERAL
City County Multi-County: —	(Name of Multi-County Jurisdiction)		(Year of El	ection)	SPECIAL / RUNOFF
	ture ceiling for the election stated above. ceiling in the primary or special election held on		and	i I accept t	
ceiling for the general or special	run-οπ election.				tne voluntary expenditure
(Mark if applicable)	· 	or the elect	on stated	above.	tne voluntary expenditure
(Mark if applicable) On,I contributed pe	rsonal funds in excess of the expenditure ceiling for	or the elect	on stated	above.	tne voluntary expenditure
(Mark if applicable) On,/I contributed pe 3. Verification:	· 			above.	ne voluntary expenditure