

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Lee, Kristine P.	(559) 707-8734	()	Kristi77@comcast.net
STREET ADDRESS	CITY	STATE	ZIP CODE
██████████	Lemoore	CA	93245
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Assessor/Clerk/Recorder	Kings County		PARTY PREFERENCE:
OFFICE JURISDICTION		2022	<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> State (Complete Part 2.)		(Year of Election)	<input type="checkbox"/> SPECIAL / RUNOFF
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)		

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 12 10 2021
 (month, day, year)

Signature Kristi Lee
 (Candidate)