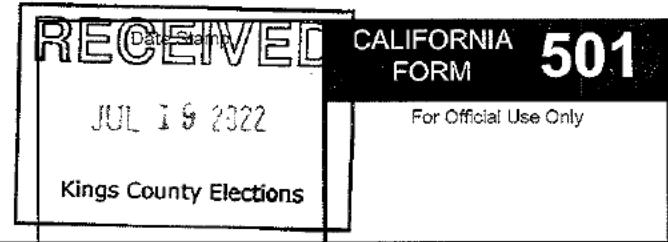


# Candidate Intention Statement



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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Steinway, Charles M. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) fireman9-11@hotmail.com

STREET ADDRESS [REDACTED] CITY 93202 STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) Armona School Board AGENCY NAME D.3rd DISTRICT NUMBER, if applicable, 3  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  PRIMARY / GENERAL

City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2022  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 07/19/2022  
(month, day, year)

Signature [REDACTED]  
(Candidate)