Candidate Intention State	RECEIV'	te Stamp ED	CALIFORNIA 501	
Check One: ☑[nitial [Amendment (Explain)		1. 2022	For Official Use Only
1. Candidate Information:		KINGS		
NAME OF CANDIDATE (Last, First Middle Initial) STREET ADDRESS I / U.ST. C.C. OFFICE SOUGHT (POSITION TITLE)	Central Union El	FAX NUMBER (optional	EMAIL (options	ISAN OFFICE
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-Co	unty: Kings Loun	My Education 2	OJ2 PR	BENCE: one box, if applicable.) IMARY (GENERAL) ECIAL / RUNOFF
(Check offe box) I accept the voluntary exper I do not accept the voluntar Amendment: I did not exceed the ex	iditure ceiling for the election stated above. y expenditure ceiling for the election stated penditure ceiling in the primary or special error or special error or special run-off election.	l above.	and I accept the	voluntary expend i ture
(Mark if applicable)		**************************************		
On,1 cont	ributed personal funds in excess of the exp	enditure ceiling for the election st	ated above.	
3. Verification:				
I certify under penalty of perjur	y under the laws of the Sta <u>te of California t</u>	that the foregoing is true and corre	ect.	
Executed on Acc 1 (month, day, year)		(Candidate)		FPPC Form 501 (August/20