Candidate Intention Statement	Date Stamp CALIFO	
Check One: Amendment (Explain)	KECSIACO	Official Use Only
1. Candidate Information:	TINGS COUNTY ELECTIONS	···········
NAME OF CANDIDATE (Last, First Middle Initial) STREET ADDRESS CITY DAYTIME TELEPHONE NUMBER FAX N (95)	UMBER (optional) EMAIL (optional) 7) 997 3335 DHY (optional) STATE ZIP CODE	bertenneconcast
Ollhas	OTATE ZII OODE P	he
Board menter Corcoran Unified School Wist	T NUMBER, If applicable. NON-PARTISAN OF	
OFFICE JURISDICTION State (Complete Part 2.)	(Check one box,	
City County Multi-County: What S (Name of Multi-County Jurisdiction)	7 22 □ SPECIAL / R	
(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 ceiling for the general or special run-off election.	and I accept the volunta	ary expenditure
(Mark if applicable)	a algoritan atakad ah aya	
On,I contributed personal funds in excess of the expenditure ceiling for th	e election stated above.	
3. Verification:		
I certify under penalty of perjury under the laws of the State of California that the foregoing is tr	ue and correct.	
Executed on <u>August 2, 2002</u> Signature (Candidate)		FPPC Form 501 (August/2018