Candidate Intention Statement	CALIFORNIA 501
Check One:	JUL 18: 2022 For Official Use Only
· · · · · · · · · · · · · · · · · · ·	KINGS COUNTY ELECTIONS
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial) Deniz Sheree R. DayTime Telephone NUM	IBER FAX NUMBER (optional) EMAIL (optional)
STREET ADDRESS CITY Han ford	STATE ZIP CODE CLA 93330
Board Officer Area 2 Rit Carson School 1015	DISTRICT NUMBER, If applicable. NON-PARTISAN OFFICE PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction of Multi-County	(Check one box, if applicable.) PRIMARY / GENERAL (Year of Election) SPECIAL / RUNOFF
(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: O I did not exceed the expenditure ceiling in the primary or special election ceiling for the general or special run-off election.	
······································	
(Mark if applicable)	
On,/I contributed personal funds in excess of the expenditu	re ceiling for the election stated above.
3. Verification:	•
I certify under penalty of perjury under the laws of the State of California that the	e foregoing is true and correct.
Executed on (month, day, year) Signature (Candill	