Candidate Intention Statement		REGEWED	CALIFORNIA 501
Check One: ☐ Initial ☐ Amendment (Explain)	JUL 2 9 2022	For Official Use Only
		KINGS COUNTY ELECT	ions
1. Candidate Information:			
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAI	L (optional)
Hoopen GAY L	1-170 751		oper 60@ outlookicon
STREET ADDRESS	Hon fond	STATE ZIPC CA 9:	0DE 3330
OFFICE SOUGHT (POSITION TITLE) AGENC	YNAME	DISTRICT NUMBER, if applicable.	ON-PARTISAN OFFICE
BOARD Member. Lakeade Whom Elementary	School Distract - AREA 2	PAR	TY PREFERENCE;
OFFICE JURISDICTION /			(Check one box, if applicable.)
State (Complete Pert 2.)			PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
 ☐ I accept the voluntary expenditure ceiling for ☐ I do not accept the voluntary expenditure ce Amendment: ☐ I did not exceed the expenditure ceiling ceiling for the general or special run-or 	elling for the election stated above.	on/ and I acco	ept the voluntary expenditure
	· Account to the second		
(Mark if applicable)			
On,/I contributed personal	funds in excess of the expenditure cell	ing for the election stated above	.
3. Verification:			
I certify under penalty of perjury under the laws	of the State of California that the forec	joing is true and correct.	
Executed on 1/29/22 (month, day, year)	Signature (Candidate)	/	EDDC Form 501 /August/