

Candidate Intention Statement

Date Stamp <b>RECEIVED</b>	<b>CALIFORNIA FORM 501</b>
AUG 04 2022	For Official Use Only
<b>KINGS COUNTY ELECTIONS</b>	

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
PESCATORE, MARK A	[REDACTED]	( )	MSPESCA@GMAIL.COM
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	LEMOORE	CA	93245
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
Trustee Area 4	LEMOORE Union ELEMENTARY school District	Area 4	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:	(Name of Multi-County Jurisdiction)		<input type="checkbox"/> SPECIAL / RUNOFF
		2022 (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 07/20/22 Signature [REDACTED]  
(month, day, year) (Candidate)