Candidate Intention Statement

	Date Stamp	CALIFORNIA FORM **501**

Check One: ☒ Initial   ☐ Amendment (Explain) _____

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Garcia   Jeremi   S.

DAYTIME TELEPHONE NUMBER ███████

FAX NUMBER (optional) ( )

EMAIL (optional)

STREET ADDRESS ███████

CITY Hanford

STATE CA

ZIP CODE 93230

OFFICE SOUGHT (POSITION TITLE) Pioneer school Board

AGENCY NAME

DISTRICT NUMBER, if applicable. 5

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE: (Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City   ☒ County   ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2022 (Year of Election)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

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 8-10-2022
(month, day, year)

Signature ███████ (Candidate)