

Candidate Intention Statement

Date Stamp RECEIVED AUG 11 2022	CALIFORNIA FORM 501 For Official Use Only
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KINGS COUNTY ELECTIONS

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Carrillo Jose M.</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
[REDACTED]	CITY <u>Kettleman City Ca</u>	STATE <u>Ca</u>	ZIP CODE <u>93239</u>
OFFICE SOUGHT (POSITION TITLE) <u>Reef-Sunset unified school district</u>	AGENCY NAME <u>school district</u>	DISTRICT NUMBER, if applicable. <u>Area 1</u>	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	Year of Election <u>2022</u>

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

8-11-22
(month, day, year)

Signature

[REDACTED]

(Candidate)