

Candidate Intention Statement

Date Stamp RECEIVED AUG 10 2022	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

KINGS COUNTY ELECTIONS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Padilla, Lissette Y DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) lissette.padilla@gmail.com

STREET ADDRESS Peef Sunset Unified School District, Area 3 Board Member CITY Avenal STATE CA ZIP CODE 93204

OFFICE SOUGHT (POSITION TITLE) Area 3 Board Member AGENCY NAME Peef Sunset Unified School District DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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 [REDACTED] and correct.

Executed on 08-10-2022
(month, day, year)

Signature [REDACTED] (Candidate)