

Candidate Intention Statement

Date Stamp <b>RECEIVED</b>  JUL 19 2022	<b>CALIFORNIA FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

KINGS COUNTY ELECTIONS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Chavarin, Lisa M</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional) <u>chavarinl@hctmail.com</u>
STREET ADDRESS [REDACTED]	CITY <u>Armona</u>	STATE <u>CA</u>	ZIP CODE <u>93202</u>
OFFICE SOUGHT (POSITION TITLE) <u>Harford Joint Union High School Area 1 Trustee</u>	AGENCY NAME	DISTRICT NUMBER, if applicable. <u>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)		<u>2022</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 7-18-22 Signature [REDACTED]  
(month, day, year) (Candidate)