

Candidate Intention Statement

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| Date Stamp RECEIVED AUG 12 2022 | CALIFORNIA FORM 501 For Official Use Only |
| KINGS COUNTY ELECTIONS | |

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

| | | | |
|--|--|--------------------------------------|---|
| NAME OF CANDIDATE (Last, First Middle Initial) LANDAUS, TRACY D. | DAYTIME TELEPHONE NUMBER [REDACTED] | FAX NUMBER (optional) () | EMAIL (optional) |
| STREET ADDRESS [REDACTED] | CITY LEMOORE | STATE CA | ZIP CODE 93245 |
| OFFICE SOUGHT (POSITION TITLE) LEMOORE UNION HIGH SCHOOL DISTRICT, AREA 3 | AGENCY NAME LEMOORE | DISTRICT NUMBER, if applicable. 3 | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF |
| 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) | | 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 8/12/22
(month, day, year)

Signature [REDACTED]
(Candidate)