

Candidate Intention Statement

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) Serpa Michael S	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) () N/A	EMAIL (optional) mserpa@kingsburghigh.com
STREET ADDRESS [REDACTED]	CITY Kingsburg	STATE Ca	ZIP CODE 93631
OFFICE SOUGHT (POSITION TITLE) Board of Trustees	AGENCY NAME Kingsburg Joint Union High School	DISTRICT NUMBER, if applicable. 3	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Republican
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Multi-County: Kings, Tulare, Fresno	(Name of Multi-County Jurisdiction)	2022 (Year of Election)	(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 8/12/22 (month, day, year) Signature [REDACTED] (Candidate)