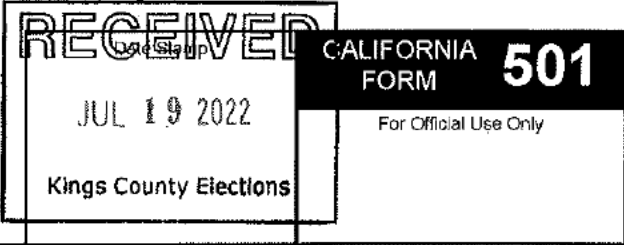


**Candidate Intention Statement**



Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Robinson, Tawny M	[REDACTED]	( )	mrstawnyrobinson@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Hanford	CA	93230
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Kings County Board of Education Trustee	KCOE	3	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	2022	<input type="checkbox"/> SPECIAL / RUNOFF	
	(Name of Multi-County Jurisdiction)	(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 07 / 18 / 2022  
(month, day, year)

Signature [REDACTED]  
(Candidate)