Candidate Intention Statement	RECEIVE CALIFORNIA 501
Check One: Amendment (Explain)	JUL 19 2022 For Official Use Only Kings County Elections
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX	NUMBER (optional) EMAIL (optional)
Actam T. Medeinas	NA NA
STREET ADDRESS CITY HANGOVOL	STATE ZIP CODE  Ca: 93230
OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DIST  DOGTOR OF Education  OFFICE JURISDICTION  DIST	RICT NUMBER, if applicable. PARTY PREFERENCE:  (Check one box, if applicable.)
State (Complete Part 2.)	2 CO 2 PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
<ul> <li>☐ I accept the voluntary expenditure ceiling for the election stated above.</li> <li>☐ I do not accept the voluntary expenditure ceiling for the election stated above.</li> <li>Amendment:</li> <li>☐ I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election.</li> </ul>	//and I accept the voluntary expenditure
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(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	EDDC Form FO1 /Avouch