

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

Quinn Norman L.

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Quinn Norman L DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS [REDACTED] CITY Armona STATE CA ZIP CODE 93202

OFFICE SOUGHT (POSITION TITLE) Board Member - Armona Community Services District - full term AGENCY NAME Armona Community Services District DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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 8-12-2022
(month, day, year)

Signature [REDACTED]
(Candidate)