

Candidate Intention Statement

Date Stamp RECEIVED AUG 01 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) <u>GRANDE Michael</u>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) <u>G.M.Grande@kingscountywa.gov</u>
STREET ADDRESS [REDACTED]		CITY <u>COVINGTON WA</u>	STATE <u>WA</u>	ZIP CODE <u>93212</u>
OFFICE SOUGHT (POSITION/TITLE) <u>DIRECTOR</u>	AGENCY NAME <u>CHD</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		<u>11/8</u> <small>(Year of Election)</small>		

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 8/1/22 Signature [REDACTED]
(month, day, year) (Candidate)