Candidate Intention Statement	Date Stamp	CALIFORNIA 501
Check One: Amendment (Explain)	ŘEČEIVED	For Official Use Only
	AUG 0 4 2022	
. Candidate Information:	KINGS COUNTY ELECTI	ONS
AME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE I CHAPTER MICHIBEL SI	()	AIL (optional)
FFICE SOUGHT (POSITION TITLE) AGENCY NAME	CA	CODE 13212
FICE SOUGHT (POSITION TITLE) AGENCY INAME AGENCY INAME AGENCY INAME AGENCY INAME FICE JURISDICTION AGENCY INAME AGENCY IN	DISTRICT NUMBER, if applicable PAI	RTY PREFERENCE:
State (Complete Part 2.)		(Check one box, if applicable.)
City County Multi-County: (Name of Multi-County Juris	diction) (Year of Figures)	- SPECIAL / RUNOFF
☐ 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 hel the general or special run-off election.	ld on:/ and I accept the vo	luntary expenditure ceiling for
(Mark if applicable)	id-ji	
On, I contributed personal funds in excess of the expenditure	ceiling for the election stated above.	
. Verification:		
I certify under penalty of perjury under the laws of the State of California that	t the foregoing is true and correct.	
d St. Jog og		
Executed on Signature(month, day, year) (C	andidate)	FPPC Form 501 (Augus