

**Candidate Intention Statement**

Date Stamp <b>RECEIVED</b>  AUG 09 2022	<b>CALIFORNIA FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**KINGS COUNTY ELECTIONS**

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) <u>Frey, Karen Devone</u>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS [REDACTED] <u>Corcoran</u>		CITY	STATE <u>CA</u>	ZIP CODE <u>93212</u>
OFFICE SOUGHT (POSITION TITLE) <u>Corcoran Hospital District Director - 4yr term</u>	AGENCY NAME	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION	PARTY PREFERENCE:		(Check one box, if applicable.)	
<input type="checkbox"/> State (Complete Part 2.)	<input type="checkbox"/> PRIMARY / GENERAL			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<u>2022</u> (Year of Election)		<input type="checkbox"/> SPECIAL / RUNOFF	
		(Name of Multi-County Jurisdiction)		

**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 8-09-2022  
*(month, day, year)*

Signature [REDACTED]  
*(Candidate)*