

Candidate Intention Statement

Date Stamp RECEIVED JUL 27 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) Newton, Michael P		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) (559) 947-3300	EMAIL (optional)
STREET ADDRESS [REDACTED]		CITY Stratford	STATE Ca	ZIP CODE 93266
OFFICE SOUGHT (POSITION TITLE) Director	AGENCY NAME Stratford Irrigation District	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		2022 (Year of Election)		

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) **N/A**
 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 07/27/2022 Signature [REDACTED]
(month, day, year) (Candidate)