

Candidate Intention Statement

Date Stamp RECEIVED AUG 11 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>Thomas Anthony E</u>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) <u>Colof</u>	EMAIL (optional) <u>93656</u>
STREET ADDRESS <u>Dirttoo Digs 3</u>		CITY <u>Leequena Inyokation</u>	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable. <u>3</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Multi-County: <u>Fresno / Kings</u>		<input type="checkbox"/> SPECIAL / RUNOFF		
		<u>22</u>	(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)

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 8-11-22
(month, day, year)

Signature [REDACTED]
(Candidate)