

Candidate Intention Statement

Date Stamp RECEIVED AUG 11 2022	CALIFORNIA FORM 501 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) Oliveira, John, G DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) N/A EMAIL (optional) john.oliveira.farms@live.com

STREET ADDRESS [REDACTED] CITY LE MOORE STATE CA ZIP CODE 93245

OFFICE SODGRY (POSITION TITLE) Board of Directors AGENCY NAME Laguna Irrigation DISTRICT NUMBER, if applicable. 5 NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) County Multi-County: Kings County (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

City County Multi-County: 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)

- 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 8/11/2020
(month, day, year)

Signature [REDACTED]
(Candidate)