

Candidate Intention Statement

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KINGS COUNTY ELECTIONS	

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) TELESA CLISNEROS MARIA THERESA DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) MTCLISNEROS15@gmail.com

STREET ADDRESS [REDACTED] CITY CORCORAN STATE CA ZIP CODE 93212

OFFICE SOUGHT (POSITION TITLE) SCHOOL TRUSTEE AREA 4 AGENCY NAME CORCORAN SCHOOL DISTRICT DISTRICT NUMBER, if applicable. [REDACTED]  NON-PARTISAN OFFICE

OFFICE JURISDICTION GOVERNING BOARD MEMBER (Check one box, if applicable.)  State (Complete Part 2.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2024 (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 7/15/24  
(month, day, year)

Signature [REDACTED]  
(Candidate)