

Candidate Intention Statement

DATE RECEIVED AUG 05 2024	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) Ramirez, Alicia Diaz	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) Ramirez.Alicia1021@gmail.com
STREET ADDRESS [REDACTED]	CITY ARMONA, CA	STATE CA	ZIP CODE 93202
OFFICE SOUGHT (POSITION TITLE) KINGS COUNTY BOARD OF EDUCATION	AGENCY NAME KINGS COUNTY	DISTRICT NUMBER, if applicable 5	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:	KINGS COUNTY (Name of Multi-County Jurisdiction)	2024 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

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 8/5/24 Signature [REDACTED]
(month, day, year) (Candidate)