Candidate Intention Statement	Date Stamp RECELVED	CALIFORNIA 501
Check One: Amendment (Explain)	SEP 0 9 2024	For Official Use Only
к	NGS COUNTY ÉLÉCTIONS	
1. Candidate Information:		
NAME OF CANDIDATE (Lest, First Middle Initial) STREET ADDRESS PAX NUM CANDIDATE (Lest, First Middle Initial) FAX NUM CANDIDATE (Lest, First Middle Initial)	IBER (optional) EMAIL (optional) EMAIL (optional) ZIP CQDE	tional)
Kot Singt United Listact area &		REFERENCE:
OFFICE JURISDICTION State (Complete Part 2.)	~	theck one box, if applicable.)
City Multi-County: (Name of Multi-County Jurisdiction)	1004] 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:		
O I did not exceed the expenditure ceiling in the primary or special election held oning for the general or special run-off election.	and I accept the	voluntary expenditure ceil-
(Mark if applicable)		
On I contributed personal funds in excess of the expenditure ceiling for the ele	ection stated above.	
3. Verification:		
I certify under penalty of periury upder the laws of the State of California that the foregoing is true and	a correct.	
Executed on Signature (Conditate)		

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov