Candidate Intention Statement		Date Star	
		RECEIV	ED FORM JUL
Check One:		OCT 18	For Official Use Only
terbergamente ditendente		KINGS COUNTY	ELECTIONS
1. Candidate Information:		1111 1111 1111 1111	
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Antonio Banilla		()	
STREET ADDRESS	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	Vena	DISTRICT NUMBER, if applicab	93204
· · · · · · · · · · · · · · · · · · ·	6	ороткот момоск, и арржаю	
School Board Member 25US	9		PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.)		2 - 2	PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	202°	- CDECIAL I DUNCEE
(Check one box) ☐ I accept the voluntary expenditure ceiling for the electi	on stated above.		
I do not accept the voluntary expenditure ceiling for the	ne election stated above.		
Amendment:			
 I did not exceed the expenditure ceiling in the pri ing for the general or special run-off election. 	mary or special election held on _	and I	accept the voluntary expenditure ceil-
(Mark if applicable)			
On I contributed personal funds in	excess of the expenditure ceiling for	or the election stated ab	ove.
3. Verification:			
I certify under penalty of perjury under the laws of the Sta	ate of California that the foregoing i	s true and correct.	
	oamorina ingesto torggoing s		
Executed on /6/18/24 Signature (month, day, year)	(Candidate)		
former and lond	(Control of)		