andidate Intention Statement		CALIFORNIA 50	
Check One: Initial Amendment		OCT 1 5 2024 For Official Use Only	
		KINGS COUNTY ELECTIONS	
1. Candidate Information:		I	
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)	
Franks Kevin W	CITY	STATE ZIP CODE	
		Cemoor 93245	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, If applicable. NON-PARTISAN OFFICE	
Board Member Trusten Area 1 OFFICE JURISDICTION	CUESD	PARTY PREFERENCE: (Check one box, if applicable.)	
State (Complete Part 2.)		PRIMARY/GENERAL	
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF	
(Check one box) I accept the voluntary expenditure ceiling for the elec	ction 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 plant ing for the general or special run-off election.	orimary or special election held on	and I accept the voluntary expenditure co	-lie
(Mark if applicable)			
On I contributed personal funds i	in excess of the expenditure ceiling	g for the election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the S	State of California that the foregoing	ag is true and correct.	
r certary drider periality of perjury drider the laws of the S	naco o cancina marine idrendino	The and contect.	
Executed on 10-15-34 Signatur	re (Candidate)	· · · · · · · · · · · · · · · · · · ·	