Candidate Intention Statement		Date Stamp	CALIFORNIA 501
Check One: Initial		OCT % 1 7024	For Official Use Only
· · · · · · · · · · · · · · · · · · ·		Kings County Elections	
1. Candidate Information:		And the state of t	
NAME OF CANDIDATE (Last, First Middle Initial).	DAYTIME TELEPHONE NUMBER FAX	NUMBER (optional) EMAIL (op	ema USA.Con
	AVENAZ . CA-	93	204
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	, , , _ ,	RICT NUMBER, if applicable. THON-F	
RSUSD SCHOOL BOARD - An	-GA-3		REFERENCE:
☐ State (Complete Part 2.)			theck one box, if applicable.) I-PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	, man	SPECIAL / RUNOFF
	-		
(Check one box) ☐ I accept the voluntary expenditure ceiling for the e ☐ I do not accept the voluntary expenditure ceiling f Amendment: ☐ I did not exceed the expenditure ceiling in the ceiling for the general or special run-off elec	for the election stated above.	//and (accept	the voluntary expenditure
At 17 well-olds	- Commence of the Commence of Management of the Commence of		
(Mark if applicable)	. In account of the grown and the second second	the election stated above	
On,I contributed personal funds	s in excess of the expenditure ceiling for	the election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of th	e State of California that the foregoing is	true and correct.	
0/10/			
Executed on (month, day, year) Signati	ure _		FPPC Form 501 (August/20