Candidate Intention	Statement		The state of the s	CALIFORNIA 501
Check One: 🖒 Initial	Amendment (Explain)		- JUL 1 9 202	For Official Use Only
1. Candidate Information	·			16
		75.50.10.15.11.11.55		
NAME OF CANDIDATE (Last, First Middle	1	TELEPHONE NUMBER	FAX NUMBER (optional) E	MAIL (optional)
STREET ADDRESS	CITY		STATE ZI	P CODE
	Linnalnas	A 9605	5	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	D	ISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE
(05 Molinos U	mified School Pist	Rict Trustee	F	ARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
State (Complete Part 2.)	LOSMOlinos Sch	nol Orstrict	2027	PRIMARY / GENERAL
City County	Multi-County: (Name of Mu	Ilti-County Jurisdiction)	(Year of Election	SPECIAL / RUNOFF
☐ I do not accept the vol Amendment: ☐ I did not exceed the ceiling for the general contents.	expenditure ceiling for the election stated untary expenditure ceiling for the election he expenditure ceiling in the primary or sheral or special run-off election.	n stated above.	<i>ll</i> and I a	ccept the voluntary expenditure
(Mark if applicable)				
□ On,/I	contributed personal funds in excess of	the expenditure ceiling for	or the election stated abo	ove.
3. Verification:				
I certify under penalty of p	perjury under the laws of the State of Ca	ifornia that the foregoing	is true and correct.	
			F	FPPC Form 501 (August/2018) PPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov