Candidate Intention Statement	Type or Print in Ink.	Date Stamp CALIFORNIA 501
Check One: ☐Initial ☐Amendment (Explain))	RECEIVED For Official Use Only
		12 DEC -4 P1 :42
1. Candidate Information:		CITY CLERK FAX NUMBER (ODIO CATY OF EASA DEN)
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (option) Y OF EAR AUthors
Kenne, Kimberu, K	(liky) 794 0325	(LRL) 794 9017 Kimklish @ acl Conn STATE ZIP CODE
TEST ADDRESS 1834 N Mar Vista Aul Pas OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable. NON-PARTISAN
Member of School Board Presence	na Unified School 12sh	NCT 1 PARTY:
State (Complete Part 2.)		2013
☐ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)
(Check one box) I accept the voluntary expenditure ceiling for the election	Special/runoff election on stated above.	
☐ I do not accept the voluntary expenditure ceiling for th Amendment:	ne election stated above.	
O I did not exceed the expenditure ceiling in the pri the general or special run-off election.	mary or special election held on:	/ and I accept the voluntary expenditure ceiling for
(Mark if applicable) On/, I contributed personal funds in e	excess of the expenditure ceiling for the	e election stated above.
3. Verification:		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Executed on Dic 4 2012 Signa	ture (Candidate)	FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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