

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Date Stamp
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JUL 03 2024

CALIFORNIA
FORM

501

For Official Use Only

KINGS COUNTY ELECTIONS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

BENAVIDES, Alfred G 559 413-7589 ()

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

@icloud
.com

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

PRIMARY / GENERAL

City County Multi-County:

SPECIAL / RUNOFF

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information contained in this statement is true and accurate to the best of my knowledge and belief.

Executed on

07-03-2024
(month, day, year)

Signature