

Candidate Intention Statement

Date Stamp RECEIVED JUL 18 2022 <i>Anne Christel</i> Office of the City Clerk	CALIFORNIA FORM 501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) HIGGINS, KELLY		DAYTIME TELEPHONE NUMBER (209) 4858959	FAX NUMBER (optional) ()	EMAIL (optional) kelly4council2022@gmail.com
STREET ADDRESS [REDACTED]		CITY Turlock	STATE CA	ZIP CODE 95382
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME	DISTRICT NUMBER, if applicable. Turlock	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Republican	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		<input type="checkbox"/> SPECIAL / RUNOFF		
		2022 (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 foregoing is true and correct.

Executed on 07 17 2022
(month, day, year)

Signature [REDACTED]
(Candidate)