

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	CITY CLERK'S OFFICE AUG 10 2022 PM 03:54

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Michelle Kile, Michelle L DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () N/A EMAIL (optional) MichelleKile2020@yahoo.com

STREET ADDRESS [REDACTED] CITY Elk Grove STATE CA ZIP CODE 95624

OFFICE SOUGHT (POSITION TITLE) City Council member AGENCY NAME Elk Grove DISTRICT NUMBER, if applicable. 2 NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: Elk Grove (Name of Multi-County Jurisdiction) 2022 (Year of Election) PRIMARY / GENERAL SPECIAL / RUNOFF

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 Aug 9, 2022 (month, day, year) Signature [REDACTED] (Candidate)