| State (Complete Part 2.)    County   Multi-County:   | Candidate Intention Statement  | P E Date Stamp                  | CALIFORNIA 501                 |
|--|--|---------------------------------|--------------------------------|
| 1. Candidate Information:  NAME OF CANDIDATE (last, First Micele India)  DAYTING TO: EPHANDE NO IMPRES  FAX NUMBER (optional)  STATE  PARTY PREFERENCE:  CITY  CANDIDATE (last, First Micele India)  AGENCY NAME  CITY  AGENCY NAME  CITY  CANDIDATE (LAST, First Micele India)  DAYTING TO: EPHANDE NO IMPRES  FAX NUMBER (optional)  FAX NUMBER (optiona | Check One: Amendment (Explain)   | AUG 17 2022                     | For Official Use Only          |
| NAME OF CANDIDATE (last First Middle Initial)  DAYTING TO ICANDIDATE (last First Middle Initial)  DAYTING TO ICANDIDATE (last First Middle Initial)  ACENCY NAME  CITY  CATT OF TOURIOCK, CA  STATE  ACENCY NAME  COTT OF TOURIOCK, CA  DISTRICT NUMBER, 1 applicable (Complete Bart 2)  Complete Dark 2)  Control County  Multi-County:  (Name of Multi-County Jurisdiction)  Control County  (Name of Multi-County Jurisdiction)  Control County  (Check one box)  I accept the voluntary expenditure ceiling for the election stated above.  Amendment:  O I did not exceed the expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the election.  (Man's if applicable)  On, I contributed personal funds in excess of the expenditure ceiling for the election stated above.  Second of the county of perjury under the laws of the State of Colffornia that the forecoming is true and correct.  Executed on Signature   |  | Office of the                   |                                |
| City   Can c.f   City   County   Multi-County:   (Name of Multi-County Jurisdiction)   PRIMARY / GENERAL   PRIMARY / GENERAL   County   City   County   Multi-County:   City   City   County   City   County   City   County   City   City   County   City     | 1. Candidate Information:  | Oity St                         | •                              |
| AGENCY NAME  CTY CTUNCY  AGENCY NAME  CTY AT TURIOR  DISTRICT NUMBER, if applicable   [ARON-PARTISAN OFFICE   FARTY PREFERENCE:   Chief. complete Part 2.)    State Candidate Expenditure Limit Statement:   (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates, and candidates for local offices do not complete Part 2.)    Check one box,   | ODISHO RAMIN (20)  | ( ) MA Somin<br>STATE ZIP CO    | odishops scylobal. net         |
| State (Complete Part 2.)    County   Multi-County:   | City Caurel city of Tilloch  | DISTRICT NUMBER, if applicable. | N-PARTISAN OFFICE  PREFERENCE: |
| Cally County   Multi-County: (Name of Multi-County Jurisdiction)   SPECIAL / RUNOFF  |  | 0 00                            |                                |
| 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)    l 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)   | Mich. D. County D. Multi-County  | 3022                            |                                |
| (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.  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 8 / 15 / 2022 Signature  | (Name of Multi-County Jurisdiction)  | (Year of Election)              | or contentions.                |
| 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   | <ul> <li>☐ I accept the voluntary expenditure ceiling for the election stated above.</li> <li>☐ I do not accept the voluntary expenditure ceiling for the election stated above.</li> <li>Amendment:</li> <li>☐ I did not exceed the expenditure ceiling in the primary or special election held on</li> </ul> | / and I acce                    | ot the voluntary expenditure   |
| 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  | (Mark if applicable)   |                                 |                                |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on  | On,I contributed personal funds in excess of the expenditure ceiling   | for the election stated above.  |                                |
| Executed on $\frac{8/15/2022}{}$ Signature   | 3. Verification:   |                                 |                                |
| (month, day, year)   | Executed on $\frac{8/15/2022}{}$ Signature   | g is true and correct.          |                                |