Candidate Intention Statement	FILED CALIFORNIA 501
Check One:	JUL 1 8 2022 For Official Use Only
	ALBANY CITY CLERK
1. Candidate Information:	
NAME OF CANDIDATE (Lest, First Middle Initial) DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
Regald L. Kasenbaum	( )
STREET ADDRESS CITY	STATE ZIP CODE
Alban	CA 94206
Member Board of Education	DISTRICT NUMBER, if applicable.
OFFICE JURISDICTION	PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.)	CLPRIMARY / GENERAL
Total County District	ZoZZ = CDECIAL / BLIMOEE
City County Invalid-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / KONOFF
(Check one box)  I accept the voluntary expenditure ceiling for the election stated above.  J 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 of ceiling for the general or special run-off election.	and I accept the voluntary expenditure
(Mark if applicable)  On,I contributed personal funds in excess of the expenditure ceiling	ng for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State-of California that the forego	oing is true and correct.
Executed on TIB2022 Signature (Candidate)	EPPC Form 501 (August/20