

# Candidate Intention Statement

Date Stamp <b>RECEIVED</b> <b>MAR 04 2026</b> Kings County Elections	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Silveira-Chavez Stefanie Marie DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) stefsilveirachavez@yahoo.com

STREET ADDRESS [REDACTED] CITY Lemoore STATE Ca ZIP CODE 93245

OFFICE SOUGHT (POSITION TITLE) Kings County Supervisor District 1 AGENCY NAME Kings DISTRICT NUMBER, if applicable. District 1  NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: Kings (Name of Multi-County Jurisdiction) PARTY PREFERENCE: Republican (Check one box, if applicable.)

PRIMARY / GENERAL  SPECIAL / RUNOFF

2026 (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 provided is true and correct.

Executed on

03-04-2026  
(month, day, year)

Signature

[REDACTED SIGNATURE]