Candidate Intention Statement	CALIFORNIA 501
Check One: Amendment (Explain)	JUL 18 2024 For Official Use Only
1. Candidate Information:	County
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
STREET ADDRESS CITY	(N/A STATE PRIPODE POUNTON 11 DCMale, CAN
Scolar Elen School Truston	
OFFICE SOUGHY (POSITION TITLE) AGENCY NAME OFFICE JURISDICTION AGENCY NAME	DISTRICT NUMBER, if applicable NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction)	(Check one box, if applicable.) PRIMARY / GENERAL (Year of Election) 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 ing for the general or special run-off election. 	and I accept the voluntary expenditure ceil-
(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.