Candidate Intention Statement	CALIFORNIA 501 JUL 17 2024 CALIFORNIA FORM FORM FORM FOR Official Use Only
Check One: 🕍 Initial Amendment (Explain)	2021
	Imperial
1. Candidate Information:	County
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER (G19) 666-4283 STREET ADDRESS CITY	FAX NUMBER (optional) EMAIL (optional) () COORGAGE COMCASSO
	STATE ZIP GODE
0FFICE SOUGHT (POSITION TITLE) OFFICE SOUGHT (POSITION TITLE) Central Union Hydr School Ostrick Trustee	DISTRICT NUMBER, if applicable.
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction)	(Check one box, if applicable.) The primary / General
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: O 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.	
Executed on 67 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	