

Candidate Intention Statement

Registrar
of Voters
Date Stamp

JUL 22 2024

Imperial
County

CALIFORNIA
FORM
501

For Official Use Only

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Santillan, Gloria G. DAYTIME TELEPHONE NUMBER (760) 960-0069 FAX NUMBER (optional) _____ EMAIL (optional) gloriagossa@yahoo.com

STREET ADDRESS 896 West Lady Road CITY Brawley STATE CA ZIP CODE 92227

OFFICE SOUGHT (POSITION TITLE) Brawley Union High School Board Trustee AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF

OFFICE JURISDICTION _____ OFFICE JURISDICTION: State (Complete Part 2.) County Multi-County: _____ YEAR OF ELECTION: 2024 (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 foregoing is true and correct.

Executed on 7/22/24 (month, day, year) Signature Gloria Santillan (Candidate)