

Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only



Check One: Initial Amendment (Explain) _____
By _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First/Middle Initial) Pacheco Lewis DAYTIME TELEPHONE NUMBER (769 222 8342) FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS 117 gm st CITY calexo STATE CA ZIP CODE 92231

OFFICE SOUGHT (POSITION TITLE) ISD Director AGENCY NAME Division 4 DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL 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 ___/___/___ 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 12-8-2023 Signature [Signature]
(month, day, year) (Candidate)