

Candidate Intention Statement



REGISTRAR OF VOTERS
Date Stamp
JUL 19 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) <u>Kathy Prior</u>	DAYTIME TELEPHONE NUMBER <u>769 427-2864</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>Kdprior@sbeglobal.net</u>
STREET ADDRESS <u>202 W. B St.</u>		CITY <u>Brawley</u>	STATE ZIP CODE <u>Ca 92227</u>
OFFICE SOUGHT (POSITION TITLE) <u>BESD trustee</u>	AGENCY NAME <u>BESD</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE:	
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<small>(Check one box, if applicable.)</small> <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 7-19-24 Signature Kathy Prior
(month, day, year) (Candidate)