Candidate Intention Statement	Cot Mosters	CALIFORNIA 501
Check One: Amendment (Explain)	JUL 23 2024	For Official Use Only
	- Imperial	
1. Candidate Information:		
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE NUMBER FAX N	NUMBER (optional) EMAIL (optional)	otional)
STREET ADDRESS ) JOSE L (160) 351-6506 (	160	rhe na @ besd.ong
	_	
Trustee of Brusley Elementry School Distance	CT NUMBER, if applicable.	PARTISAN OFFICE
Sister Annual Control of the Control		
OFFICE JURISDICTION		REFERENCE: Check one box, if applicable.)
State (Complete Part 2.)	7.2	PRIMARY / GENERAL
City County Multi-County:   (Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box)    Taccept 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	e 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 Signature		
(Candidale)		EDDC Form EO1 (August/2)

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