

Candidate Intention Statement

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Valasco Jk Salvador

DAYTIME TELEPHONE NUMBER

(760) 791.8489

FAX NUMBER (optional)

N/A

EMAIL (optional)

Salvelascojk@gmail.com

STREET ADDRESS

52607 S.H. STE

CITY

Westmonland

STATE

Ca

ZIP CODE

92281

OFFICE SOUGHT (POSITION TITLE)

Westmonland Unified School District

AGENCY NAME

Westmonland

DISTRICT NUMBER, if applicable

N/A

NON-PARTISAN OFFICE

NON-PARTISAN OFFICE PARTY PREFERENCE: N/A

OFFICE JURISDICTION

State (Complete Part 2.)
 City County Multi-County:

Imperial COUNTY (Name of Multi-County Jurisdiction)

2024 (Year of Election)

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 7.25.24

(month, day, year)

Signature

[Signature]

(Candidate)

Registrar
Deputy Clerks

JUL 25 2024

Imperial
County

CALIFORNIA
FORM
501

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