

Candidate Intention Statement

Date Stamp  Registrar of Voters JUL 30 2024	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Gabby Oggin-Nixon</u>		DAYTIME TELEPHONE NUMBER <u>(760) 960-1741</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>gabbyoggin-nixon@yahoo.com</u>
STREET ADDRESS <u>604 Morningside Ct Imperial Ca 92251</u>		CITY <u>Imperial</u>	STATE <u>CA</u>	ZIP CODE <u>92251</u>
OFFICE SOUGHT (POSITION TITLE) <u>USD</u>	AGENCY NAME <u>Imperial</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:		<input type="checkbox"/> Multi-County: <u>Imperial</u> (Name of Multi-County Jurisdiction) <u>2024</u> (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 7-30-24 (month, day, year) Signature [Signature] (Candidate)