Candidate Intention Statement	CALIFORNIA 501
Check One: Amendment (Explain)	For Official Use Only
	- Imperial
1. Candidate Information:	County
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX N	UMBER (optional) EMAIL (optional)
MORA, BEather 2 (). 1401222-6539	azal. ATTE yahoo con
School Board Control Union High School District	STATE ZIP CODE Pa 92243
	CT NUMBER, if applicable. NON-PARTISAN OFFICE
1102 Valley Blud HEBER, CA 92249	PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.)	(Check one box, if applicable.) PRIMARY / GENERAL
City County Multi-County: TMPERIA (Name of Multi-County Jurisdiction)	(Year of Election) 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 oning for the general or special run-off election.	and I accept the 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 July 30th 2014 Signature AMITA	
/ (month, day, year) (Candidate)	