

Candidate Intention Statement

CALIFORNIA FORM **501**
 For Official Use Only
 Date Stamp
JUL 15 2024
Imperial County

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **Magallanes Margarita** DAYTIME TELEPHONE NUMBER **(769)** FAX NUMBER (optional) _____ EMAIL (optional) _____
 STREET ADDRESS **1029 Playa del Norte Calexico CA 92231** CITY **CA** STATE **CA** ZIP CODE **92231**
 OFFICE SOUGHT (POSITION TITLE) **Board of Trustee** AGENCY NAME **CUSD** DISTRICT NUMBER, if applicable: _____ NON-PARTISAN OFFICE
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ PARTY PREFERENCE: (Check one box, if applicable.)
 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 **07/15/2024** _____ Signature _____
(month, day, year) (Candidate)