Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Lauterio, Patrick

DAYTIME TELEPHONE NUMBER
(760) 848-8289

FAX NUMBER (optional)
(   )

EMAIL (optional)
PLauterio@gmail.com

STREET ADDRESS
210 R ST

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)
Board of trustees

AGENCY NAME
BUHS

DISTRICT NUMBER, if applicable.

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE:
(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)
☐ City ☑ County ☐ Multi-County: _____ Imperial County _____
(Name of Multi-County Jurisdiction)

Nov 5, 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 July 30 2024
(month, day, year)

Signature _____
(Candidate)