

Candidate Intention Statement

Register
State Stamp
of Voters

AUG 6 7 2024

Imperial
County

CALIFORNIA
FORM **501**

For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Davis, Leslie Ann DAYTIME TELEPHONE NUMBER (801) 231-0998 FAX NUMBER (optional) _____ EMAIL (optional) LeeAnnDavisIV@gmail.com

STREET ADDRESS 6024 Coyne Rd CITY Imperial STATE CA ZIP CODE 92251

AGENCY NAME Imperial County Board of Education DISTRICT NUMBER, if applicable: NON-PARTISAN OFFICE

OFFICE SOUGHT (POSITION TITLE) Imperial County Board Member of Education PARTY PREFERENCE: (Check one box, if applicable.)
 State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) PRIMARY / GENERAL
 City County Special / Runoff

2. State Candidate Expenditure Limit Statement:

(CaIPERS 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 8/7/24 Signature [Signature]
(month, day, year) (Candidate)