

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Registrar
of Voters

Date Stamp
AUG 02 2024

Imperial
County

CALIFORNIA
FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Garcia, James S.</u>	DAYTIME TELEPHONE NUMBER <u>(760) 582-7280</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>james.the.homeseller@gmail.com</u>
STREET ADDRESS <u>1210 Drew Rd.</u>	CITY <u>El Centro</u>	STATE <u>CA.</u>	ZIP CODE <u>92243</u>
OFFICE SOUGHT (POSITION TITLE) <u>Trustee</u>	AGENCY NAME <u>Seelye Clayton School District</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		<u>2024</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 8/02/2024
(month, day, year)

Signature [Handwritten Signature]
(Candidate)