


Candidate Intention Statement

Check One: Initial Amendment (Explain)



CALIFORNIA FORM 501
For Official Use Only

JUL 31 2024

Imperial County

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Saiza, Brittany D DAYTIME TELEPHONE NUMBER (760) 675-5222 FAX NUMBER (optional) _____ EMAIL (optional) brittany-saiza@yahoo.com
 STREET ADDRESS 4161 Mesa Verde Road CITY Calipatria STATE CA ZIP CODE 92233
 OFFICE SOUGHT (POSITION TITLE) Calipatria School Board AGENCY NAME Calipatria School District DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
 OFFICE JURISDICTION _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)
 State (Complete Part 2.) City Multi-County: _____ 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 07/31/2024 Signature 

(month, day, year) (Candidate)