

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Registrar
of Voters

JUL 30 2024

Imperial
County

501

CALIFORNIA FORM

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **Arevalo, Andrew S** DAYTIME TELEPHONE NUMBER **(760) 960-1304** FAX NUMBER (optional) _____ EMAIL (optional) **arevaloandrew13@yahoo.com**

STREET ADDRESS **2386 Dale Ct** CITY **Imperial** STATE **CA** ZIP CODE **92251**

OFFICE SOUGHT (POSITION TITLE) **Board of Trustees** AGENCY NAME **El Centro Elementary School District** 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:

(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 **07/31/2024** _____ (month, day, year)

Signature

 (Candidate)