

# Candidate Intention Statement

Check One:  Initial  Amendment (Explain)

**Registrar**  
Date Stamp  
of Voters

JUL 31 2024

Imperial County

CALIFORNIA FORM 501  
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Alice Handry DAYTIME TELEPHONE NUMBER (760) 922 9518 FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS 197 Charles Elmore Dr. CITY El Centro STATE CA ZIP CODE 92243

OFFICE SOUGHT (POSITION TITLE) McLabe School Board AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable.  NON-PARTISAN OFFICE

OFFICE JURISDICTION \_\_\_\_\_ PARTY PREFERENCE: (Check one box, if applicable.)  
 State (Complete Part 2.)  PRIMARY / GENERAL  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2024  SPECIAL / RUNOFF (Year of Election)

## 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 31, 2024 Signature AS

(month, day, year) (Candidate)