

Candidate Intention Statement

State of California
 Registrar
 of Voters
 JUL 17 2024
 JUL 17 2024
 Imperial
 County

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE <small>(Last, First Middle Initial)</small>		DAYTIME TELEPHONE NUMBER	FAX NUMBER <small>(optional)</small>	EMAIL <small>(optional)</small>
Margo Lamoreaux		(760) 234-6150	()	
STREET ADDRESS		CITY	STATE	ZIP CODE
1734 Cannon Rd.		El Centro	CA	92243
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE:	
Board of Trustee	Meadows School District School Board			
OFFICE JURISDICTION		<small>(Check one box, if applicable.)</small>		
<input type="checkbox"/> State <small>(Complete Part 2.)</small> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:		Imperial	2024	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
		<small>(Name of Multi-County Jurisdiction)</small>	<small>(Year of Election)</small>	

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 2020 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 07/17/2024
(month, day, year)

Signature Margo Lamoreaux
(Candidate)