

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Rea, Annette M

DAYTIME TELEPHONE NUMBER

(760) 960 5600

FAX NUMBER (optional)

()

EMAIL (optional)

STREET ADDRESS

Mc Cabe Union School District board

CITY

Imperial

STATE

CA

ZIP CODE

92224

OFFICE SOUGHT (POSITION TITLE)

898 W Ross Rd E1 Centro CA 92224 3

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

Imperial

(Name of Multi-County Jurisdiction)

Nov 5 24

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

8/8/24

(month, day, year)

Signature

Annette M Rea

(Candidate)

Register
Date of Voters
Aug 08 2024
Imperial
County

CALIFORNIA
FORM
501

For Official Use Only