

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Ballot Stamp
of Voters

AUG 09 2024

Imperial County

For Official Use Only

CALIFORNIA FORM 501

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Renald Davis DAYTIME TELEPHONE NUMBER (760) 791 5121 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS 1054 Baughman Rd CITY Westmoreland STATE CA ZIP CODE 92254

OFFICE SOUGHT (POSITION TITLE) Westmoreland School Board AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF

OFFICE JURISDICTION _____ (Check one box, if applicable.)

State (Complete Part 2.) City Multi-County: _____ (Name of Multi-County Jurisdiction) _____

City County Multi-County: _____ (Year of Election) 2024

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 8-9-24 Signature _____
(month, day, year) (Candidate)