


Candidate Intention Statement

Check One: Initial Amendment
(Explain)

1. Candidate Information:



 AUG 08 2024
 Imperial County
 CALIFORNIA FORM 501
 For Official Use Only

NAME OF CANDIDATE (Last, First Middle Initial) Paul Keanna B DAYTIME TELEPHONE NUMBER 928-446-0583 FAX NUMBER (optional) _____ EMAIL (optional) _____
 STREET ADDRESS San Pasqual Valley Unified School District Board Member CITY Imperial STATE _____ ZIP CODE _____
 OFFICE SOUGHT (POSITION TITLE) Imperial County AGENCY NAME _____ DISTRICT NUMBER, if applicable: _____ PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF
 OFFICE JURISDICTION State (Complete Part 2) City Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) _____
 (Check one box, if applicable.)

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 8/8/2024 Signature Keanna B
(month, day, year) (Candidate)