

**Candidate Intention Statement**

Check One:  Initial  Amendment (Explain)

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Pitones Amanda L. DAYTIME TELEPHONE NUMBER (760) 222-5296 FAX NUMBER (optional) N/A EMAIL (optional) mgulfabb@icloud.com

STREET ADDRESS 439 N.H. St. CITY Westmorland STATE CA ZIP CODE 92281

OFFICE SOUGHT (POSITION TITLE) Westmorland Unified School District AGENCY NAME Westmorland DISTRICT NUMBER, if applicable. N/A PARTY PREFERENCE: N/A

OFFICE JURISDICTION Imperial (Name of Multi-County Jurisdiction) 2024 (Year of Election)  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 08/09/2024 (month, day, year)

Signature [Signature] (Candidate)

**Registrar of Voters**  
 Gate Stamp  
**AUG 09 2024**  
**Imperial County**  
 CALIFORNIA FORM 501  
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