

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Register of Voters
 Dog Stamp
 AUG 13 2024
 Imperial County

CALIFORNIA FORM 501
 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
 DELGADILLO KARLA (808) 269.9398
 STREET ADDRESS 154 McDaniel Rd WINTERHAVEN, CA 92283 STATE ZIP CODE SDCA23@gmail.com
 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME CITY DISTRICT NUMBER, if applicable. PARTY PREFERENCE:
 School Board San Pasqual Unified School Dist. Imperial County 92283 (Check one box, if applicable.)
 OFFICE JURISDICTION
 State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) PRIMARY / GENERAL
 City County Multi-County: _____ (Year of Election) 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 8/13/24 (month, day, year) Signature _____ (Candidate)