

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Imperial County Registrar Seal
AUG 06 2024

For Official Use Only
CALIFORNIA FORM 501

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Fabiola Calderon DAYTIME TELEPHONE NUMBER (626) 560-7393 FAX NUMBER (optional) () () EMAIL (optional) fcalderon918@hotmail.com

STREET ADDRESS 339 E. 5th Street Apt. B CITY Calexico STATE CA ZIP CODE 92231

OFFICE SOUGHT (POSITION TITLE) Board Trustee AGENCY NAME Calexico Unified School District DISTRICT NUMBER, if applicable: _____ PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF (Check one box, if applicable.)

OFFICE JURISDICTION State (Complete Part 2) Multi-County: _____ 2024 (Year of Election) City County _____ (Name of Multi-County Jurisdiction)

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 8/2/2024 Signature Fabiola Calderon (Candidate)
 (month, day, year)