

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Registrar of Voters

Date Stamp
AUG 06 2024

Imperial County

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Clime, Siohman K. DAYTIME TELEPHONE NUMBER 760 940 7347 FAX NUMBER (optional) _____ EMAIL (optional) skc13300@gmail.com

STREET ADDRESS 1701 E Centrost. CITY Seeley STATE CA ZIP CODE 92227B

OFFICE SOUGHT (POSITION TITLE) Seeley Union School District Board DISTRICT NUMBER, if applicable. 13.03-222 PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF

OFFICE JURISDICTION* Imperial (Name of Multi-County Jurisdiction) (Check one box, if applicable.)

State (Complete Part 2) 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) _____ 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 AUG 1, 2024
(month, day, year)


Signature

(Candidate)