Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Registrar of Voters Date Stamp AUG 08 2024 Imperial County

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Owl, Keahna B

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional):

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

OFFICE SOUGHT (POSITION TITLE): San Pasqual Valley Unified School District Board Member

AGENCY NAME:

DISTRICT NUMBER, if applicable:

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION: Imperial County

☐ State (Complete Part 2.)

☐ City ☑ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☑ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF _____ (Year of Election)

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 (month, day, year)

Signature [redacted] (Candidate)