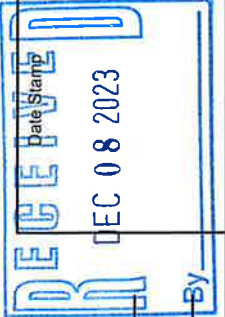


# Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only



Check One:  Initial  Amendment (Explain) \_\_\_\_\_

By \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First/Middle Initial)

Pacheco Lewis

FAX NUMBER (optional) \_\_\_\_\_

EMAIL (optional) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

OFFICE SOUGHT (POSITION TITLE)

ISD Director Division 4

AGENCY NAME

DISTRICT NUMBER, if applicable.  NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2.)  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

2024  
(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

12-8-2023  
(month, day, year)

Signature

[Signature]  
(Candidate)