

Candidate Intention Statement

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Alameda Cou.
JUL 16 2024
Reg. of Voters

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Block, Austin E. FAX NUMBER (optional) _____

CITY Newark STATE CA 94560

OFFICE SOUGHT (POSITION TITLE) Board Member (Trustee) AGENCY NAME Newark Unified School District DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) PRIMARY / GENERAL

City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2024 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

Executed on 7/16/24 Signature _____

(month, day, year)