

Candidate Intention Statement

RECEIVED Alameda County JUL 23 2024 Reg. of Voters	CALIFORNIA FORM <b>501</b>
	For Official Use Only

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ANGUIANO, GABRIEL JR. [REDACTED] FAX NUMBER (optional) ( ) N/A EMAIL (optional)

[REDACTED] STATE CA ZIP CODE 94560

OFFICE SOUGHT (POSITION TITLE) Newark USD AGENCY NAME NEWARK USD DISTRICT NUMBER, if applicable. AT LARGE  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  County  Multi-County: ALAMEDA COUNTY (Name of Multi-County Jurisdiction) 2024 (Year of Election)  PRIMARY / GENERAL  SPECIAL / RUNOFF

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 law [REDACTED]

Executed on 07/23/2024 (month, day, year)