

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

RECEIVED Alameda County JUL 23 2024 Reg. of Voters	CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

ANGUIANO, GABRIEL JR.

FAX NUMBER (optional)

EMAIL (optional)

STATE

ZIP CODE

NEWARK CA 94560

OFFICE SOUGHT (POSITION TITLE)

NEWARK USD

AGENCY NAME

NEWARK USD

DISTRICT NUMBER, if applicable.

AT LARGE

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ 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

Executed on

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