

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

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Alameda County

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JUL 17 2024

CALIFORNIA
FORM 501

For Official Use Only

Reg. of Voters

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Hill, Aiden T.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

STREET ADDRESS

STATE

OFFICE

School Board - Fall term Newark Unified

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-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 laws of the State of California that the foregoing is true and correct.

Executed on

July 14, 2024
(month, day, year)

Signature