

# Candidate Intention Statement

Check One:



Initial



Amendment  
(Explain)

RECEIVED  
Date Stamp  
JUL 16 2024  
Reg. of Voters

CALIFORNIA  
FORM

501

For Official Use Only

## 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

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

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

Executed on

7/16/24

(month, day, year)

Signature