

RECEIVED
Alameda County

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Reg. of Voters	

Candidate Intention Statement

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Hill, Aiden T. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL ADDRESS [REDACTED]

STREET ADDRESS [REDACTED] CITY Newark STATE CA ZIP CODE 94560

OFFICE School Board - Fall term Newark Unified DISTRICT NUMBER, if applicable: [REDACTED] NON-PARTISAN OFFICE:

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)

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

PARTY PREFERENCE (Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

(Year of Election) 2024

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 information provided is true and correct.

Executed on July 9th, 2024 Signature [REDACTED]