Candidate Intention Statement

Check One: □ Initial  □ Amendment (Explain)______________________________

1. Candidate Information:

NAME OF CANDIDATE  (Last, First Middle Initial)
DAVIDSON, VERONICA

STREET ADDRESS
ALBANY

OFFICE SOUGHT (POSITION TITLE)
TRUSTEE / BOARD MEMBER

AGENCY NAME
ALBANY UNIFIED SCHOOL DISTRICT

CITY
ALBANY

STATE
CA

ZIP CODE
94706

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

OFFICE JURISDICTION
State (Complete Part 2.)

City  □ County  □ Multi-County: ____________________________

PARTY PREFERENCE:
(Check one box, if applicable.)
□ PRIMARY / GENERAL
□ SPECIAL / RUNOFF

DISTRICT NUMBER, if applicable

2. State Candidate Expenditure Limit Statement:
(CaPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ 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.

☐ 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 _______________ (month, day, year)

Signature ____________________________

(Date)

FPPC Form 501 (August/2018)
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