Check One:	Candidate Intention Statement		FORNIA 501	
ALBANY CITY CLERK		JUL 18 REC'D	or Official Use Only	
DAVIDED (CALL PRIX Mode Initial) DAVIDED STATE DAVIDED STATE DISTRICT NUMBER (optional) STATE DISTRICT NUMBER. If applicable. OFFICE JURISDICTION Check one box, if applicable. Check one box Amendment: O I did not exceed the expenditure ceiling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special-election held on ing for the general or special run-off election. (Mark if applicable) O I contributed personal funds in excess of the expenditure ceiling for the election stated above. I certify under penalty of perjury under the laws of the State of California that the foregoint is true and correct. Executed on TIB 24 Signature	(Explain)	ALBANY CITY CLERK		
STREET ADDRESS OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. (Check one box) State (Complete Part 2.)	1. Candidate Information:			
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) (Name of Multi-County Jurisdiction) (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.) (Check one box) do not accept the voluntary expenditure ceiling for the election stated above. Amendment: I do not accept the voluntary expenditure ceiling in the primary or special-election held on and I accept the voluntary expenditure ceiling for the election. (Mark if applicable) On I contributed personal funds in excess of the expenditure ceiling for the election stated above. I certify under penalty of perjury under the laws of the State of California that the foregoints is true and correct. Executed on	NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBE	R FAX NUMBER (optional) EMAIL (optional)		
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) (Capters and CalSTRS candidates, judges, judical candidates, and candidates for local offices do not complete Part 2.) (Check, one box) I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the election. (Mark if applicable) On I contributed personal funds in excess of the expenditure ceiling for the election stated above. I certify under penalty of perjury under the laws of the State of California that the foregoints is true and correct. Executed on TIS 24 Signature	DAVIDSON, VERONICA A	()		
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME SCHOOL BOARD TRUSTEE, ADDRESSIBLE TON State (Complete Part 2) City County Multi-County Multi-County Jurisdiction) State (Complete Part 2) Call FRIMARY (GENERAL PRINARY) (Check one box, if applicable.) (Call FERS and CalSTRS candidates, judges, judicial candidates for local offices do not complete Part 2.) (Check one box) I 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 election. (Mark if applicable) On I contributed personal funds in excess of the expenditure ceiling for the election stated above. I certify under penalty of perjury under the laws of the State of California that the foregoints is true and correct. Executed on Signature	STREET ADDRESS CITY			
School Borks Truster, Appropriate Party Preference: Check one box, if applicable.)	ALBANY, CA			
State (Compiled Part 2.) State Candidate Expenditure Limit Statement:				
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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)	State (Complete Part 2.)	3 ()—()		
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