

Candidate Intention Statement

Date Stamp
FILED
JUL 18 REC'D
ALBANY CITY CLERK

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
DAVIDSON, VERONICA A [REDACTED] ()
STREET ADDRESS CITY STATE ZIP CODE
[REDACTED] ALBANY, CA 94706
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
SCHOOL BOARD TRUSTEE, ALBANY UNIFIED SCHOOL DISTRICT
OFFICE JURISDICTION PARTY PREFERENCE:
 State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) 2024 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 7/18/24 (month, day, year)

Signature [REDACTED] (Candidate)