

Candidate Intention Statement

RECEIVED

CALIFORNIA FORM 501

JUL 31 2024

For Official Use Only

KINGS COUNTY ELECTIONS

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Jackson, Crystal Y DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) NA EMAIL (optional) jacksoncysj@gmail.com STREET ADDRESS [REDACTED] CITY [REDACTED] STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) Board Member AGENCY NAME West Hills Community College District DISTRICT NUMBER, if applicable. 4  NON-PARTISAN OFFICE PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)  State (Complete Part 2.)  City  County  Multi-County: Kings (Name of Multi-County Jurisdiction) 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 of California that the foregoing is true and correct.

Executed on 7/31/24 (month, day, year) Signature [REDACTED] (Candidate)