

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

BERMUDEZ, Suzanne C.

DAYTIME TELEPHONE NUMBER

(760) 554-0382

FAX NUMBER (optional)

() ()

EMAIL (optional)

mrsbern118@gmail.com

STREET ADDRESS

1054 Ash Street

CITY

Brawley

STATE

CA

ZIP CODE

92227

OFFICE SOUGHT (POSITION TITLE)

Treasurer - Tax Collector

AGENCY NAME

Imperial County

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

State (Complete Part 2.)

County

Multi-County:

Imperial County

(Name of Multi-County Jurisdiction)

2022

(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 February 23, 2022

(month, day, year)

Signature



(Candidate)

