

Candidate Intention Statement

Date Stamp
MAR 11 2022

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Briant Jesus Fabela Lma DAYTIME TELEPHONE NUMBER (760) 678 8581 FAX NUMBER (optional) _____ EMAIL (optional) briantfabela@gmail.com

STREET ADDRESS Imperial County Bos Dist. #1 CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) Imperial County AGENCY NAME _____ DISTRICT NUMBER, if applicable, # 1 NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: (Check one box, if applicable.)
 State (Complete Part 2.) County Multi-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 03/11/2022 (month, day, year) Signature [Signature] (Candidate)