

Candidate Intention Statement

Registrar of Voters
Date Stamp
JUL 22 2024
Imperial County

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Peinado, Maria L.</u>	DAYTIME TELEPHONE NUMBER <u>(760) 996-0679</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional)
STREET ADDRESS <u>1050 Manuel Ortiz, El Centro CA</u>			
OFFICE SOUGHT (POSITION TITLE) <u>Trustee Central Union High School District</u>		AGENCY NAME	DISTRICT NUMBER, if applicable.
OFFICE JURISDICTION		PARTY PREFERENCE: <u>Democratic</u>	
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<input type="checkbox"/> NON-PARTISAN OFFICE <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
		<u>2024</u> <small>(Year of Election)</small>	

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 7/18/2024 Signature Maria Peinado
(month, day, year) (Candidate)