

Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Cardenas -Singh Martha	DAYTIME TELEPHONE NUMBER (760) 540-9687	FAX NUMBER (optional) ()	EMAIL (optional) electsupervisor2@gmail.com
STREET ADDRESS 1767 S. 21 St.	CITY El Centro	STATE CA	ZIP CODE 92243
OFFICE SOUGHT (POSITION TITLE) Imperial County Board of Supervisor	AGENCY NAME Imperial County	DISTRICT NUMBER, if applicable District 2	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Democrat <small>(Check one box, if applicable.)</small>
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: Imperial County <small>(Name of Multi-County Jurisdiction)</small>		2024 <small>(Year of Election)</small>	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 09/29/2023 Signature Martha Cardenas Singh
(month, day, year) (Candidate)