Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment (Explain) RBS

Date Stamp: Registrar of Voters JUL 15 2024 Imperial County

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Silva Richard B.	(760) 996-3772	( )	richardsilva21063@yahoo.com

STREET ADDRESS	CITY	STATE	ZIP CODE
120 E Main Street	Heber	CA	92249

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE
Heber Public Utility District	Richard Silva	11	PARTY PREFERENCE: Democrats

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☐ County ☐ Multi-County: Imperial (Name of Multi-County Jurisdiction)

2024 (Year of Election)

(Check one box, if applicable.)

☐ 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 11/05/2024 and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On 11/05/2024 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 07/15/2024 *(month, day, year)*

Signature Richard B Silva *(Candidate)*