

Candidate Intention Statement

Registrar
of Voters

JUL 24 2024

Imperial
County

Imperial
County
Date Stamp
JUL 24 2024
Registrar
of Voters

CALIFORNIA
FORM
501
For Official Use Only

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Villa, Ruben		DAYTIME TELEPHONE NUMBER (760) 604-8654	FAX NUMBER (optional) () N/A	EMAIL (optional) rubenvilla4besde@gmail.com
STREET ADDRESS 343 I street		CITY Brawley	STATE CA	ZIP CODE 92227
OFFICE SOUGHT (POSITION TITLE) Trustee	AGENCY NAME Brawley Elementary School District	DISTRICT NUMBER, if applicable.		<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:		Imperial (Name of Multi-County Jurisdiction)		(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
		2024 (Year of Election)		

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 July, 24, 2024
(month, day, year)

Signature [Handwritten Signature]
(Candidate)