

**Candidate Intention Statement**

Registrar  
of Voters  
Date Stamp  
JUL 23 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>AGUILAR, EDGAR C</u>		DAYTIME TELEPHONE NUMBER <u>(760) 791-5707</u>	FAX NUMBER (optional) <u>( )</u>	EMAIL (optional)
STREET ADDRESS <u>226 COUNTRYSIDE DR</u>		CITY <u>EL CENTRO</u>	STATE <u>CA</u>	ZIP CODE <u>92243</u>
OFFICE SOUGHT (POSITION TITLE) <u>MC CABE UNION ESP BOARD OF TRUSTEES</u>		AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:		(Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		<u>IMPERIAL</u> (Name of Multi-County Jurisdiction)	<u>2024</u> (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 07/23/2024  
(month, day, year)

Signature [Signature]  
(Candidate)