

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Registrar and Stamp of Voters
JUL 15 2024
Imperial County

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First/Middle Initial) LOPEZ VICTOR W DAYTIME TELEPHONE NUMBER (769) 960-6317 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS 515 W. 2ND ST CITY Imperial STATE CA ZIP CODE 92251

AGENCY NAME Trustee Imp Wm. School District DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: (Check one box, if applicable.)
 State (Complete Part 2.) PRIMARY / GENERAL
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ 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 07/15/2024

Signature

[Signature]
(Candidate)