

Candidate Intention Statement

**Registrar
of Voters**

Date Stamp
JUL 25 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) ROMANEO S. MEDINA		DAYTIME TELEPHONE NUMBER 760, 996-1679	FAX NUMBER (optional) N/A	EMAIL (optional) vjmedina@hotmail.com
STREET ADDRESS 6556 Ripley Rd		CITY CALIFORNIA	STATE CA	ZIP CODE 92233
OFFICE SOUGHT (POSITION TITLE) Imperial Community College District Area 6		AGENCY NAME Imperial	DISTRICT NUMBER, if applicable. 6	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE: (Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:		<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		(Name of Multi-County Jurisdiction) Imperial		(Year of Election) 2024

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 7-25-24 Signature 
(month, day, year) (Candidate)