	egistra Voters
Candidate Intention Statement Check One: Initial Amendment (Explain)	JUL 1 5 2024 Imperial County CALIFORNIA FORM For Official Use Only
1. Candidate Information:	County
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER 1760 99555 STREET ADDRESS CITY	FAX NUMBER (optional) EMAIL (optional) () STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME Wahows Mon Champelly Shed OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: Multi-County Multi-County	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL (Year of Election) 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 ing for the general or special run-off election. 	and I accept the voluntary expenditure ceil-
(Mark if applicable) On I contributed personal funds in excess of the expenditure ceiling for	or the election stated above.
3. Verification:	2
I certify under penalty of perjury under the laws of the State of California that the foregoing i	s true and correct.
Executed on 7/15/24 Signature (Candidate)	• FPPC Form 501 (August/2