

# Candidate Intention Statement

Registrar  
of Voters

JUL 16 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>Solis, Isabel</u>		DAYTIME TELEPHONE NUMBER <u>(760) 604-2157</u>	FAX NUMBER (optional) <u>( )</u>	EMAIL (optional) <u>isabelsolis4IVCboard@gmail.com</u>
STREET ADDRESS <u>1135 Apple Way</u>		CITY <u>Brawley</u>	STATE <u>CA</u>	ZIP CODE <u>92227</u>
OFFICE SOUGHT (POSITION TITLE) <u>Imperial Community College</u>	AGENCY NAME <u>Imperial</u>	DISTRICT NUMBER, if applicable. <u>4</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 7/16/24 Signature Isabel Solis  
(month, day, year) (Candidate)