

**Candidate Intention Statement**

**Registrar  
of Voters**

JUL 15 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) <b>Michael R. Minnix</b>		DAYTIME TELEPHONE NUMBER <b>760 234-1562</b>	FAX NUMBER (optional)	EMAIL (optional) <b>michael.minnix@yahoo.com</b>
STREET ADDRESS <b>313 W. Hamilton</b>		CITY <b>El Centro,</b>	STATE <b>CA</b>	ZIP CODE <b>92243</b>
OFFICE SOUGHT (POSITION TITLE) <b>Board of Trustees</b>	AGENCY NAME <b>El Centro Elem. S. D.</b>	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 type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		<b>2024</b> (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

July 16, 2024  
(month, day, year)

Signature

[Handwritten Signature]  
(Candidate)