

Candidate Intention Statement

Registrar
of Voters

JUL 30 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)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Sturdevant, Jeffrey C.		(760) 427-7431	()	jeff4ivc@gmail.com
STREET ADDRESS		CITY	STATE	ZIP CODE
2471 Stapleton Ave		Imperial	CA	92251
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE	
Board of Trustees	Imperial Valley College	3	PARTY PREFERENCE: Republican	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		2024 <input checked="" type="checkbox"/> PRIMARY / GENERAL (Year of Election) <input type="checkbox"/> SPECIAL / RUNOFF		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)				

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 02 2024 Signature 
(month, day, year) (Candidate)