

Candidate Intention Statement

*Registrar
of Voters*

Date Stamp
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) Michael Josef Friese		DAYTIME TELEPHONE NUMBER (760) 890-8542	FAX NUMBER (optional) ()	EMAIL (optional) mfriese@saltoncsd.ca.gov
STREET ADDRESS 1588 N Marina		CITY Salton City	STATE CA	ZIP CODE 92274
OFFICE SOUGHT (POSITION TITLE) director	AGENCY NAME Salton Community Services District	DISTRICT NUMBER, if applicable.	<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: Imperial <small>(Name of Multi-County Jurisdiction)</small>		PARTY PREFERENCE: <small>(Check one box, if applicable.)</small> <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		2024 <small>(Year of Election)</small>		

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 30 July 2024 Signature M. J. Friese
(month, day, year) (Candidate)