

# Candidate Intention Statement

Registrar of Voters  JUL 30 2024  Imperial County	CALIFORNIA FORM <b>501</b>
	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)
Gilmore, Michelle M.		(858) 882-7950	(858) N/A	agilmoregirl@yahoo.com
STREET ADDRESS		CITY	STATE	ZIP CODE
2661 Salton Bay Drive		Thermal-Salton City	CA	92274
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input type="checkbox"/> NON-PARTISAN OFFICE
BOARD DIRECTOR	Salton Community Services District			PARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)				<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Multi-County:	Imperial	<input type="checkbox"/> SPECIAL / RUNOFF
			2024	(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 7-30-24  
(month, day, year)

Signature *Michelle Gilmore*  
(Candidate)