

Candidate Intention Statement

Registrar
of Voters

Date Stamped
JUL 29 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) Mamer, Brett C		DAYTIME TELEPHONE NUMBER (760) 427-5809	FAX NUMBER (optional) ()	EMAIL (optional) Brett.Mamer@gmail.com
STREET ADDRESS 4205 Cassy rd		CITY Brawley	STATE CA	ZIP CODE 92227
OFFICE SOUGHT (POSITION TITLE) Magnolia School Board	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input 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 (Name of Multi-County Jurisdiction)	Nov 5, 2024 (Year of Election)	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 7/29/24 Signature [Signature]
(month, day, year) (Candidate)