

Candidate Intention Statement

Registrar of Voters
AUG 02 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)
Partusch, Brian Matthew (619) 962-3900
STREET ADDRESS CITY STATE ZIP CODE
165 Clarkway Rd Palo Verde CA 92266
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
Director Palo Verde Water District.
OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) County Multi-County: (Name of Multi-County Jurisdiction)
 City County Multi-County: (Name of Multi-County Jurisdiction) 2024 (Year of Election) PRIMARY / GENERAL 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 08/02/2024 (month, day, year)

Signature B. Partusch (Candidate)