	Registral Voters	adistr	
Candidate Intention Statement	AUG 0 2 2024	Of DateOstage y	california 501
Check One: Initial Amendment (Explain)	Imperial County	Imperial	For Official Use Only
1. Candidate Information:		County	
NAME OF CANDIDATE (Last, First Middle Initial) Livy Maria Hendry STREET ADDRESS	0760) 562-7623 CITY Holtville	FAX NUMBER (optional) () N/A hev STATE ZIP COL	(optional) Lary. Ivay eyahoo 92250
OFFICE JURISDICTION AGENCY NAME AGENCY NAME OFFICE JURISDICTION	TOTOTIC	DISTRICT NUMBER, if applicable.	N-PARTISAN OFFICE / PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.) 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 lo	cal offices do not complete Part 2.)		
(Check one box) I accept the voluntary expenditure ceiling for the election	on stated above.		
☐ I do not accept the voluntary expenditure ceiling for th Amendment:	e election stated above.		
 I did not exceed the expenditure ceiling in the pri ing for the general or special run-off election. 	mary or special election held on _	and I accept t	the voluntary expenditure ceil-
(Mark if applicable)			
On I contributed personal funds in	excess of the expenditure ceiling f	for the election stated above.	
3. Verification:	11		
I certify under penalty of perjury under the laws of the Sta	ate of California that the foregoing	is true and correct.	
Executed on Oug. 2, 2024 Signature	Ducy Maria D (Candidate)	endry	FPPC Form 501 (August/20)

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov