

# Candidate Intention Statement

Check One:  Initial  Amendment (Explain)

**Registrar of Voters**

DATE STAMP

**AUG 05 2024**

**Imperial County**

**CALIFORNIA FORM 501**

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>AGUIRRE, NICKOLAS P.</u>	DAYTIME TELEPHONE NUMBER <u>(760) 412-0773</u>	FAX NUMBER (optional) <u>( )</u>	EMAIL (optional) <u>nick.aguirre@pajmail.com</u>
STREET ADDRESS <u>480 West B St Brawley, CA 92227</u>			
OFFICE SOUGHT (POSITION TITLE) <u>BOARD MEMBER PMHD</u>	AGENCY NAME <u>PMHD</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		(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 08-05-24  
(month, day, year)

Signature Nickolas P. Aguirre  
(Candidate)