

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 <small>(Last, First Middle Initial)</small>	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Garcia, Roberto A.	(760) 427-8540	()	rgarcia@musdk8.net
STREET ADDRESS	CITY	STATE	ZIP CODE
2251 McConnell Road	El Centro	Ca	92243
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
Board of Trustee	Meadows Union School District		PARTY PREFERENCE:
OFFICE JURISDICTION	<small>(Check one box, if applicable.)</small>		
<input type="checkbox"/> State <small>(Complete Part 2.)</small>	Imperial County	2024	<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:	<small>(Name of Multi-County Jurisdiction)</small>	<small>(Year of Election)</small>	<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 _____

08/02/2024

(month, day, year)

Signature _____

[Handwritten Signature]

(Candidate)