

# Candidate Intention Statement

Check One:  Initial  Amendment (Explain)

Registrar of Voters  
Date Stamp: JUL 30 2024  
Imperial County

CALIFORNIA FORM 501  
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Larios, Patty DAYTIME TELEPHONE NUMBER (760) 550-3460 FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS 206 S. Rio Vista Avenue CITY Brawley STATE CA ZIP CODE 92227

OFFICE SOUGHT (POSITION TITLE) \_\_\_\_\_ AGENCY NAME Imperial DISTRICT NUMBER, if applicable. \_\_\_\_\_ NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ PARTY PREFERENCE: (Check one box, if applicable.)  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 7/30/24 Signature [Signature]  
(month, day, year) (Candidate)