

Candidate Intention Statement

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Lisa Aguerro

DAYTIME TELEPHONE NUMBER

928581-6924

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

600 Quirk Rd

CITY

Winterhaven

STATE

CA

ZIP CODE

92283

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

Multi-County:

Imperial

(Name of Multi-County Jurisdiction)

11/5/2024

(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

8/3/2024

(month, day, year)

Signature

Aguerro

(Candidate)

Registrar
of Ballot Measures

AUG 03 2024

Imperial County

CALIFORNIA FORM 501

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