

Candidate Intention Statement

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Gutierrez, Ernesto

DAYTIME TELEPHONE NUMBER

(760) 604-8555

FAX NUMBER (optional)

()

EMAIL (optional)

ernesto.gutierrez@atloc.com

STREET ADDRESS

5 Dove Ct

Heber

STATE

Ca

ZIP CODE

92249

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Heber Public Utility District

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

Board of Directors

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

City

County

Multi-County:

Imperial (Name of Multi-County Jurisdiction)

(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

08/10/2024 (month, day, year)

Signature

[Signature]

(Candidate)

Registrar of Voters

AUG 08 2024

Imperial County

CALIFORNIA FORM 501

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