

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Registrar
of Voters

AUG 08 2024

Imperial
County

CALIFORNIA
FORM
501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Ramirez, Oscar DAYTIME TELEPHONE NUMBER (909) 767-7078 FAX NUMBER (optional) _____ EMAIL (optional) O-ramirez478@yahoo.com

~~3735 Capri Ln~~ STREET ADDRESS 3735 Capri Ln. CITY Thermal STATE Ca ZIP CODE 92274

OFFICE SOUGHT (POSITION/TITLE) Board of Directors AGENCY NAME Salton City Service District DISTRICT NUMBER, if applicable: _____ PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL

OFFICE JURISDICTION _____ (Check one box, if applicable.)

State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 2024 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 8-7-2024 Signature [Signature]
(month, day, year) (Candidate)