

Candidate Intention Statement

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

LOPEZ, MARIO

DAYTIME TELEPHONE NUMBER

(760) 455-4026

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

1602 E. 1ST ST.

CITY

WESTBORLAND

STATE

CA

ZIP CODE

92281

OFFICE SOUGHT (POSITION TITLE)

JUDES BOARD MEMBER JUDES BOARD

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

PRIMARY / GENERAL

SPECIAL / RUNOFF

State (Complete Part 2)

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

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

8/4/24

(month, day, year)

Signature

Mario Lopez

(Candidate)

Registrar of Voters
Date Stamp: AUG 06 2024
Imperial County
CALIFORNIA FORM 501
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