

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Register
Date Filed: **AUG 08 2024**
Imperial County

CALIFORNIA FORM **501**
 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Catalina Elizaveta-Santillan DAYTIME TELEPHONE NUMBER (760) 455-0211 FAX NUMBER (optional) _____ EMAIL (optional) _____
 STREET ADDRESS 803 Chaparral Ct CITY Sanley STATE CA ZIP CODE 92227
 OFFICE SOUGHT (POSITION TITLE) Flowers Memorial Stealth Care District Board Member AGENCY NAME _____ DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
 OFFICE JURISDICTION State (Complete Part 2.) Multi-County: _____ PARTY PREFERENCE: _____
 City County _____ (Name of Multi-County Jurisdiction) _____ (Check one box, if applicable.)
 State Multi-County: _____ (Year of Election) _____ PRIMARY / GENERAL
 City County _____ (Year of Election) _____ 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 08/08/2024
(month, day, year)

Signature Catalina Santillan
(Candidate)