

Candidate Intention Statement

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Ellett Debra A

DAYTIME TELEPHONE NUMBER

(760) 970 1084

FAX NUMBER (optional)

EMAIL (optional)

debyellett@gmail.com

STREET ADDRESS

945 Aurora Drive

CITY

El Centro

STATE

CA

DISTRICT NUMBER, if applicable:

92243

ZIP CODE

OFFICE JURISDICTION

State (Complete Part 2) County Multi-County:

Imperial

(Name of Multi-County Jurisdiction)

2024

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

8/7/2024

(month, day, year)

Signature

Debra A. Ellett

(Candidate)

Register of Voters AUG 09 2024 Imperial County

CALIFORNIA FORM 501

For Official Use Only