

# Candidate Intention Statement

Check One:  Initial

Amendment (Explain) \_\_\_\_\_

Register  
Date Stamp  
of Voters

AUG 09 2024

Imperial  
County

CALIFORNIA  
FORM  
**501**

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Rodriguez, Jacob N

DAYTIME TELEPHONE NUMBER

(442 ) 236-0443

FAX NUMBER (optional)

( )

EMAIL (optional)

STREET ADDRESS

866 Danenberg Dr

CITY

El Centro

STATE

CA

ZIP CODE

92243

OFFICE SOUGHT (POSITION TITLE)

Trustee

AGENCY NAME

Central Union High School District

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

(CALIFERS 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

8

2024

(month, day, year)

Signature

*Juan Rodriguez*  
(Candidate)