

# Candidate Intention Statement

Check One:  Initial

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

Date Stamp  
**AUG 09 2024**

**Imperial County**

CALIFORNIA  
FORM **501**  
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)  
Luellen, Michael J.

DAYTIME TELEPHONE NUMBER  
( 760 ) 623-3590

FAX NUMBER (optional)  
( ) N/A

EMAIL (optional)  
Michael@Voteluellen.com

STREET ADDRESS  
530 South Park Avenue

CITY  
Calipatria

STATE  
CA

ZIP CODE  
92233

OFFICE SOUGHT (POSITION/TITLE)  
Board of Trustees

AGENCY NAME  
Imperial Community College

DISTRICT NUMBER, if applicable  
Area 6

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

County of Imperial

(Name of Multi-County Jurisdiction)

2024

(Year of Election)  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 August 09, 2024

(month, day, year)

Signature

*Michael Luellen*

(Candidate)