

# Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

**Register**  
Date Stamp  
of Voters

AUG 8 2024

Imperial  
County

CALIFORNIA  
FORM  
**501**

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Macquez Blanca DAYTIME TELEPHONE NUMBER (760) 587-8092 FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS Seelye County Water District CITY Imperial STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE SOUGHT (POSITION TITLE) PO BOX 206 Seelye CA 92273 AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_ PARTY PREFERENCE:  NON-PARTISAN OFFICE  PRIMARY / GENERAL  SPECIAL / RUNOFF

OFFICE JURISDICTION \_\_\_\_\_ (Check one box, if applicable.)

State (Complete Part 2)  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

City \_\_\_\_\_ Year of Election 11/5/2024

## 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 8/8/2024 Signature Blanca Macquez

(month, day, year) (Candidate)