

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Registrar
of Voters
Imperial County

AUG 09 2024

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Esteban Terramilla DAYTIME TELEPHONE NUMBER (760) 234-3688 FAX NUMBER (optional) _____ EMAIL (optional) gmzill@com

STREET ADDRESS 1840 W. Main St. CITY Seelye STATE CA ZIP CODE 92273

OFFICE SOUGHT (POSITION TITLE) Seelye County Water District AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2) City Multi-County: _____ (Name of Multi-County Jurisdiction) _____

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Check one box, if applicable.)

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 08/09/2024 Signature Esteban Terramilla

(month, day, year) (Candidate)