

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Register of Voters

Aug 05 2024

Imperial County

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Mamer Justin R DAYTIME TELEPHONE NUMBER (760) 455 0359 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS 804 Silliman Rd. CITY Imperial STATE CA ZIP CODE 92227

OFFICE SOUGHT (POSITION TITLE) Madera Union Elementary School Board DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ Imperial (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

Nov 5 2024 (Year of Election)

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. 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 8.5.2024 Signature [Signature]

(month, day, year) (Candidate)