

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM
501

For Official Use Only

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Liliana Canez	(760) 562-9324	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
582 Mesquite Street	Imperial	CA	92251
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
USD Board Trustee	Imperial Unified School District		PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County:	<input type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City		(Name of Multi-County Jurisdiction)	<input type="checkbox"/> SPECIAL / RUNOFF
			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.

(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 07/31/2024

(month, day, year)

Signature



(Candidate)