

Candidate Intention Statement

Registrar
of Ballot Measures

CALIFORNIA
FORM
501

For Official Use Only

AUG 06 2024

Imperial
County

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **REAGLE, DAVID P** DAYTIME TELEPHONE NUMBER **760, 977 7145** FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS **2322 MONTEREY AV** CITY **SALTON CITY** STATE **CA** ZIP CODE **92274**

OFFICE SOUGHT (POSITION TITLE) **DIRECTOR** AGENCY NAME **SALTON COMMUNITY SERVICE DIST** DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Check one box, if applicable.)

State (Complete Part 2.) City Multi-County: Imperial
(Name of Multi-County Jurisdiction)

Nov. 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 August 6, 2024 Signature David Reagle
(month, day, year) (Candidate)