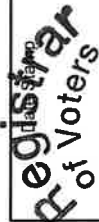


Candidate Intention Statement

Check One: Initial Amendment (Explain)


CALIFORNIA FORM 501
 For Official Use Only
 JUL 18 2024

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **Martinez Peter**
 DAYTIME TELEPHONE NUMBER **(760) 791-0087**
 FAX NUMBER (optional) _____
 STREET ADDRESS **Imperial Valley College Trustee**
 CITY **Imperial** STATE **CA** ZIP CODE _____
 EMAIL (optional) **pmartinez@att.net**
 AGENCY NAME _____
 OFFICE SOUGHT (POSITION TITLE) _____
 DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
 OFFICE JURISDICTION State (Complete Part 2.) County Multi-County:
 COUNTY OF **Imperial** (Name of Multi-County Jurisdiction)
 PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF
 YEAR OF ELECTION: **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 July 18, 2024 (month, day, year)
 Signature  (Candidate)