Candidate Intention Statement

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By:

CALIFORNIA FORM **501**
For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Cardenas -Singh Martha

[redacted]MBER

FAX NUMBER (optional): ( )

EMAIL (optional): electsupervisor2@gmail.com

[redacted]

El Centro | STATE: CA | ZIP CODE: 92243

[redacted]OSITION TITLE): Imperial County Board of Supervisor

AGENCY NAME: Imperial County

DISTRICT NUMBER, if applicable: District 2

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE: Democrat

OFFICE JURISDICTION

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

(Check one box, if applicable.)
☑ PRIMARY / GENERAL
☐ 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 09/29/2023 (month, day, year)

Signature [redacted] (Candidate)