

Candidate Intention Statement

CALIFORNIA FORM 501
For Official Use Only

Date Stamp
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
John Brooks Hamby

STREET ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

FAX NUMBER (optional) _____

EMAIL (optional)
info@jbhambyid.com

CITY _____ STATE _____ ZIP CODE _____

AGENCY NAME
Imperial Irrigation District

OFFICE SOUGHT (POSITION TITLE)
Director

DISTRICT NUMBER, if applicable NON-PARTISAN OFFICE
2

OFFICE JURISDICTION
 State (Complete Part 2.) County Multi-County:

(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.
September 20, 2023

Executed on _____ (month, day, year)
Signature _____ (Candidate)