

Candidate Intention Statement

Registrar
of Voters

CALIFORNIA
FORM

501

Check One: Initial Amendment
(Explain) _____

Date Stamp
DEC 19 2025

For Official Use Only

Imperial
County

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

MENVIELLE, ROBERT

STREET ADDRESS

2

OFFICE SOUGHT (POSITION TITLE)

ASSESSOR

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

DAYTIME TELEPHONE NUMBER

(
CITY

FAX NUMBER (optional)

(
STATE

EMAIL (optional)

(
ZIP CODE

AGENCY NAME

IMPERIAL COUNTY

DISTRICT NUMBER, if applicable.

N/A

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

2026

(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

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

December 19, 2025

(month, day, year)

Signature

(Candidate)