

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

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|--|-------------------------------|
| Date Stamp DEC 19 2025 Imperial County | CALIFORNIA FORM 501 |
| | For Official Use Only |

1. Candidate Information:

| | | | |
|---|-------------------------------------|---------------------------------|---|
| NAME OF CANDIDATE (Last, First Middle Initial) | DAYTIME TELEPHONE NUMBER | FAX NUMBER (optional) | EMAIL (optional) |
| MENVIELLE, ROBERT | () | () | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| 2 | | | |
| OFFICE SOUGHT (POSITION TITLE) | AGENCY NAME | DISTRICT NUMBER, if applicable. | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |
| ASSESSOR | IMPERIAL COUNTY | N/A | PARTY PREFERENCE: |
| OFFICE JURISDICTION | | | (Check one box, if applicable.) |
| <input type="checkbox"/> State (Complete Part 2.) | | | <input checked="" type="checkbox"/> PRIMARY / GENERAL |
| <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: | (Name of Multi-County Jurisdiction) | 2026 (Year of Election) | <input type="checkbox"/> 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 [Signature]
(Candidate)