

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Hortencia Armendariz

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STATE

ZIP CODE

AGENCY NAME

Board of Trustee IVC Area 1

OFFICE SOUGHT (POSITION TITLE)

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County

☐ Multi-County:

Imperial

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

Nov 5, 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

July 29, 2024

Signature

(Candidate)