Candidate Intention Statement

Date Stamp

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MAR 0 5 2018
IMPERIAL COUNTY
REGISTRAR OF VOTERS

Check One: ☒ Initial   ☐ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
Escobar, Jesus Eduardo

STREET ADDRESS

CITY

DAYTIME TELEPHONE NUMBER
(   )

FAX NUMBER (optional)
(   )

E-MAIL (optional)

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)
Imperial County Supervisor District 1

AGENCY NAME
Imperial County

DISTRICT NUMBER, if applicable
1

PARTY: Democrat   ☐ NON-PARTISAN

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☐ City   ☒ County   ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____ (Year of Election) **Primary/general election**

_____ (Year of Election) **Special/runoff election**

(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 ____03/02/2018____
(month, day, year)

Signature _____
(Candidate)

2018
(Year of Election)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov