

# Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) \_\_\_\_\_

Date Stamp <b>RECEIVED</b> MAR 09 2022	<b>CALIFORNIA FORM 501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

ESCORBAR, JESUS EDUARDO

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

( )

EMAIL (optional)

JESCORBAR@RECHB.COM

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

COUNTY OF IMPERIAL - SUP. DIST. 1

1

PARTY PREFERENCE: DEMOCRAT

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

\_\_\_\_\_  
(Name of Multi-County Jurisdiction)

2022  
(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

03/09/2022  
(month day, year)

Signature

[REDACTED]

(Candidate)