

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp
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CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Escobar, Jesus Esuano

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

[REDACTED] ()

FAX NUMBER (optional)

[REDACTED]

EMAIL (optional)

JESCOBAR@RECHB.COM

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

County of Imperial - Sup. Dist. 1

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2022
(Year of Election)

Democrat
PARTY PREFERENCE: Democrat

(Check one box, if applicable.)

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

(Candidate)