Candidate Intention Statement

Registrar of Voters
Date Stamp
JUL 30 2024
Imperial County

CALIFORNIA FORM **501**
For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Michael Josef Friese
DAYTIME TELEPHONE NUMBER: [redacted] FAX NUMBER (optional): EMAIL (optional):
STREET ADDRESS: [redacted] CITY: STATE: ZIP CODE:
OFFICE SOUGHT (POSITION TITLE): director
AGENCY NAME: Salton Community Services District
DISTRICT NUMBER, if applicable:
☑ NON-PARTISAN OFFICE
PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.)
☐ City ☑ County ☐ Multi-County: Imperial (Name of Multi-County Jurisdiction)
2024 (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 30 July 2024 *(month, day, year)*

Signature [redacted] *(Candidate)*