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): Larios, Patty,
DAYTIME TELEPHONE NUMBER: [redacted] FAX NUMBER (optional): ( ) EMAIL (optional):
STREET ADDRESS: [redacted] CITY: STATE: ZIP CODE:
OFFICE SOUGHT (POSITION TITLE): AGENCY NAME: DISTRICT NUMBER, if applicable: ☐ NON-PARTISAN OFFICE
PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION
☐ 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 7/30/24 (month, day, year)
Signature [redacted] (Candidate)