

Candidate Intention Statement

Registrar  
of Voters

Date Stamp  
**DEC 19 2025**

Imperial  
County

CALIFORNIA FORM <b>501</b>
For Official Use Only

Check One:  Initial  Amendment  
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>MENVILLE, ROBERT</b>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS [REDACTED]				
OFFICE SOUGHT (POSITION TITLE) <b>ASSESSOR</b>	AGENCY NAME <b>IMPERIAL COUNTY</b>	DISTRICT NUMBER, if applicable. <b>N/A</b>		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:		<b>Imperial County</b> <small>(Name of Multi-County Jurisdiction)</small>		PARTY PREFERENCE: <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
		2026 <small>(Year of Election)</small>		

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 December 19, 2025  
(month, day, year)

Signature [Handwritten Signature]  
(Candidate)