

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

PRICE, PEGGY

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

AGENCY NAME

COUNTY OF IMPERIAL

BOARD OF SUPERVISOR DISTRICT 3

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable, ☒ NON-PARTISAN OFFICE

03

PARTY PREFERENCE:

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2024

(Year of Election)

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

06

19

2023

(month, day, year)

Signature

(Candidate)