

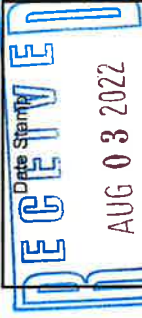
Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

CALIFORNIA
FORM 501

For Official Use Only



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sandoval, Jose A

DAYTIME TELEPHONE NUMBER

(760) 540-9101

FAX NUMBER (optional)

EMAIL (optional)

tony-sandoval@luc.com

STREET ADDRESS

57 E. 3rd St

CITY

Heber

STATE

CA

ZIP CODE

92249

OFFICE SOUGHT (POSITION TITLE)

Director

AGENCY NAME

Heber Public Utility District

DISTRICT NUMBER, if applicable.

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☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☐ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

PARTY PREFERENCE:

(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

8/2/2022
(month, day, year)

Signature

(Candidate)