Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain) _____

RECEIVED Date Stamp AUG 03 2022 By

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Sandoval, Jose A	(760) 540-9101	( )	tony-sandoval@live.com

STREET ADDRESS	CITY	STATE	ZIP CODE
57 E. 3rd St	Heber	CA	92249

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☐ NON-PARTISAN OFFICE
Director	Heber Public Utility District	—	PARTY PREFERENCE: —

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election)

(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)