Candidate Intention Statement

Registrar of Voters Date Stamp
AUG 07 2025
Imperial County

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Manuel I. Rivera	(760 562-2242	( )	

STREET ADDRESS	CITY	STATE	ZIP CODE
57 W. ROCKING HORSE DR.	HEBER	CA	92249

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)
☐ City ☒ County ☐ Multi-County: IMPERIAL (Name of Multi-County Jurisdiction)

2026 (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 8/6/2026 (month, day, year)

Signature _____ (Candidate)