

Candidate Intention Statement

ENTERED

Date Stamp

AUG 02 2022

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

BY: _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Obeso-Martinez, Ida S.</u>	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) ()	EMAIL (optional) <u>ida.forimperial@gmail.com</u>
STREET ADDRESS	CITY <u>Imperial</u>	STATE <u>CA</u>	ZIP CODE <u>92251</u>
OFFICE SOUGHT (POSITION TITLE) <u>City of Imperial City Council</u>	AGENCY NAME	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE:		(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<u>2022</u>		<input type="checkbox"/> SPECIAL / RUNOFF
	(Name of Multi-County Jurisdiction)		(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 11/28/2022
(month, day, year)

Signature Ida S. Obeso-Martinez
(Candidate)