

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Date Stamp

CALIFORNIA FORM 501
For Official Use Only
JUL 22 2024
By _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Amparano, P. Roberto		()	
STREET ADDRESS	CITY	STATE	ZIP CODE
	Imperial	CA.	92251
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE
Council Member	City of Imperial	N/A	PARTY PREFERENCE: Rep
OFFICE JURISDICTION			(Check one box, if applicable.)
State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City County Multi-County:			<input type="checkbox"/> SPECIAL / RUNOFF
	(Name of Multi-County Jurisdiction)	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.

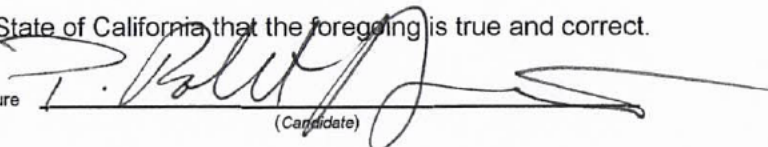
(Mark if applicable)

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 7/22/2024
(month, day, year)

Signature 
(Candidate)