

# Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

Date Stamp	RECEIVED MAR 06 2018	<b>CALIFORNIA FORM 501</b> For Official Use Only
IMPERIAL COUNTY REGISTRAR OF VOTERS		

NAME OF CANDIDATE (Last, First, Middle Initial) Contreras Carlos J. DAYTIME TELEPHONE NUMBER (760) 234-0771 FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) Carlosjcontreras@yahoo.com

STREET ADDRESS 932 I. Romero CT. CITY Calexico STATE CA ZIP CODE 92231

OFFICE SOUGHT (POSITION TITLE) Board of Supervisors AGENCY NAME Imperial County DISTRICT NUMBER, if applicable. 1  NON-PARTISAN PARTY: Democrat

OFFICE JURISDICTION  State (Complete Part 2.)  City  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

2018 (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.)

2018 (Year of Election)  Primary/general election  Special/runoff election

(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 3-7-2018 (month, day, year) Signature [Signature] (Candidate)

**Officeholder and Candidate Campaign Statement - Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) <u>06-5-2018</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp <b>RECEIVED</b> APR 26 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Carlos J. Contreras  
 STREET ADDRESS  
932 I. Romero Ct.  
 CITY  
Calexico STATE  
CA ZIP CODE  
92231  
 AREA CODE/DAYTIME PHONE NUMBER  
760-234-0771 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
 JURISDICTION (LOCATION)  
Imperial County Board of Supervisors District 1. DISTRICT NUMBER (IF APPLICABLE)  
1

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4-26-2018 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE