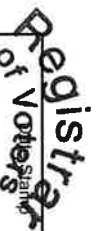


Candidate Intention Statement



JUL 15 2024

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Navarro Diego DAYTIME TELEPHONE NUMBER (760) 960-3665 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS Part 11111111111111111111 CITY Calipatria Unified School District STATE CA ZIP CODE 92233

OFFICE SOUGHT (POSITION TITLE) Board Trustee AGENCY NAME Calipatria Unified School District DISTRICT NUMBER, if applicable. _____ PARTY PREFERENCE: PRIMARY / GENERAL NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 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 7/15/24 Signature _____
(month, day, year) (Candidate)