

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Registrar of Voters
Date Stamp
JUL 23 2024
Imperial County
CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Garcia, Bethamee K

DAYTIME TELEPHONE NUMBER 760-604-2389

FAX NUMBER (optional) N/A

EMAIL (optional)

STREET ADDRESS 23 E. Main Street

CITY Heber

STATE CA

ZIP CODE 92249

AGENCY NAME Heber Elementary School Board District

DISTRICT NUMBER, if applicable: _____

OFFICE JURISDICTION Heber Imperial County

OFFICE SOUGHT (POSITION TITLE) Heber Elementary School District

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Check one box, if applicable.)

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 07/26/2024 (month, day, year) Signature _____ (Candidate)