

# Candidate Intention Statement

Date Stamp  
**Registrar of Voters**  
**MAY 30 2024**  
**Imperial County**

**CALIFORNIA FORM 501**  
 For Official Use Only

Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE <small>(Last, First Middle Initial)</small> Dolina Diaz Heber		DAYTIME TELEPHONE NUMBER 709 554-2380	FAX NUMBER (optional) ( )	EMAIL (optional) nenan76@yahoo.com
STREET ADDRESS 65 6th Street		CITY Heber	STATE CA	ZIP CODE 92249
OFFICE SOUGHT (POSITION TITLE) Trustee	AGENCY NAME Heber Elementary School District	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)	
OFFICE JURISDICTION		2024 (Year of Election)		<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)				

## 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 7/30/24  
(month, day, year)

Signature Helen Diaz Moreno  
(Candidate)