

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 (Last, First Middle Initial) <u>Molina Diaz Helen</u>	DAYTIME TELEPHONE NUMBER <u>760 554-2380</u>	FAX NUMBER (optional) ()	EMAIL (optional) <u>henam760@yahoo.com</u>
STREET ADDRESS <u>65 6th Street</u>	CITY <u>Heber</u>	STATE <u>CA</u>	ZIP CODE <u>92249</u>
OFFICE SOUGHT (POSITION TITLE) <u>HPM</u> <u>Heber Public Director</u>	AGENCY NAME <u>Heber Public Utility District</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <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)	<u>2024</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 7/30/24 Signature Helen Diaz Molina
(month, day, year) (Candidate)