

Candidate Intention Statement

*Registrar
of Voters*

Date Stamp
JUL 16 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>Widmann, Holly J</u>		DAYTIME TELEPHONE NUMBER <u>(760) 3485064</u>	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS <u>228 North LAKE AVE</u>		CITY <u>CALIPATRIA</u>	STATE <u>CA</u>	ZIP CODE <u>92233</u>
OFFICE SOUGHT (POSITION TITLE) <u>CALIPATRIA UNIFIED SCHOOL DISTRICT TRUSTEE</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		(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 7/16/2024 Signature Holly Widmann
(month, day, year) (Candidate)