


Candidate Intention Statement

Check One: Initial Amendment
(Explain)



Imperial County

Cal Stamp
AUG 08 2024

For Official Use Only
501

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hester, Matthew DAYTIME TELEPHONE NUMBER (760) 455-9780 FAX NUMBER (optional) (760) 455-9780 EMAIL (optional) _____
 STREET ADDRESS 7600 Circle Drive CITY Holtville STATE Ca. ZIP CODE 92250
 OFFICE SOUGHT (POSITION TITLE) Board of Trustees AGENCY NAME Holtville Unified School District DISTRICT NUMBER, if applicable: _____ PARTY PREFERENCE: NON-PARTISAN OFFICE
(Check one box, if applicable.)
 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 8/07/2024 Signature [Signature]
(month, day, year) (Candidate)