

# Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Iren Lavy C.

DAYTIME TELEPHONE NUMBER

(760) 790-6432

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

2327 Melan Rd.

CITY

Holtville

STATE

ca.

ZIP CODE

92250

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Holtville Unified School District Trustee

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

PRIMARY / GENERAL

SPECIAL / RUNOFF

(Check one box, if applicable.)

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2024  
(Year of Election)

## 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

8/7/2024  
(month, day, year)

Signature

Iren Lavy  
(Candidate)

Register  
of Voters

AUG 08 2024

For Official Use Only

CALIFORNIA  
FORM  
501

Imperial  
County