

Candidate Intention Statement

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Garrett David A. (760) 562-4254

STREET ADDRESS

HUSD Board of Trustees

AGENCY NAME

OFFICE SOUGHT (POSITION TITLE)

County of Imperial

State (Complete Part 2)

City

Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

CITY

STATE

ZIP CODE

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

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

08/08/2024

(Month, day, year)

Signature

[Handwritten Signature]

(Candidate)

Registrar of Voters

AUG 08 2024

Imperial County

CALIFORNIA FORM 501

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