

# Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

|   |   |
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| Date Stamp<br><b>Registrar of Voters</b><br>AUG 09 2024 | CALIFORNIA<br>FORM<br><b>501</b><br>For Official Use Only |
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Tabarez, Romero DAYTIME TELEPHONE NUMBER (760) 693-7646 FAX NUMBER (optional) \_\_\_\_\_  
 STREET ADDRESS 57 W. Pleasant St. CITY Heber, STATE CA. ZIP CODE 92249 EMAIL (optional) ptabarez@gmail.com  
 OFFICE SOUGHT (POSITION TITLE) Heber Elementary School District AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_ PARTY PREFERENCE:  NON-PARTISAN OFFICE  PRIMARY / GENERAL  SPECIAL / RUNOFF  
 OFFICE JURISDICTION  State (Complete Part 2.)  City  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (Year of Election) 2024  
 (Check one box.)

## 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 8/9/24 Signature [Signature]  
 (month, day, year) (Candidate)