

Registrar
of Voters

August 2024

Imperial
County

Registrar
Date Stamp
Imperial
County

Aug 09 2024

CALIFORNIA
FORM
501

For Official Use Only

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Tabarez, Romero DAYTIME TELEPHONE NUMBER 760, 693-7646 FAX NUMBER (optional) _____ EMAIL (optional) ptabarez@gmail.com

STREET ADDRESS 57 W. Pleasant St. CITY Heber STATE CA ZIP CODE 92249

OFFICE SOUGHT (POSITION TITLE) Heber Public Utility District Board Director AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ PARTY PREFERENCE: PRIMARY / GENERAL (Check one box, if applicable.)

OFFICE JURISDICTION State (Complete Part 2.) City 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 8/9/2024 Signature [Signature]
(month, day, year) (Candidate)