

# Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)



CALIFORNIA FORM 501  
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Tabarez, Yolanda DAYTIME TELEPHONE NUMBER (760) 235-6590 FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) Yntabarez@gmail.com

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

OFFICE SOUGHT (POSITION TITLE) Board Trustee AGENCY NAME Central Union High School District DISTRICT NUMBER, if applicable. \_\_\_\_\_ PARTY PREFERENCE:  NON-PARTISAN OFFICE  PRIMARY / GENERAL  SPECIAL / RUNOFF

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (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 8-9-2024 Signature [Signature]  
(month, day, year) (Candidate)