

**Candidate Intention Statement**

Check One:  Initial  Amendment  
(Explain)

**Registrar**  
of Political Parties

AUG 05 2024

**Imperial County**

CALIFORNIA FORM 501

For Official Use Only

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Darlene Barber - Felton DAYTIME TELEPHONE NUMBER 760 5790-6189 FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS Westmorland Union School Board Elementary CITY Westmorland, CA STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE SOUGHT (POSITION TITLE) 367 S F Westmorland, CA 92281 AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_ PARTY PREFERENCE:  NON-PARTISAN OFFICE  PRIMARY / GENERAL  SPECIAL / RUNOFF

OFFICE JURISDICTION  State (Complete Part 2)  County  Multi-County: \_\_\_\_\_ Imperial (Name of Multi-County Jurisdiction) PARTY PREFERENCE:  NON-PARTISAN OFFICE  PRIMARY / GENERAL  SPECIAL / RUNOFF

(Check one box, if applicable.)

**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 8/5/2024 Signature [Signature]  
(month, day, year) (Candidate)