Candidate Intention Statement

Registrar of Voters Date Stamp
JUL 29 2026
Imperial County

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Duarte, Juliana

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE): Holtville Unified School District Trustee

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)
☑ City ☑ County ☐ Multi-County: Imperial (Name of Multi-County Jurisdiction)

2026 (Year of Election)

(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 7/29/2026 (month, day, year)

Signature [redacted] (Candidate)