

Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Gonzalez, Javier DAYTIME TELEPHONE NUMBER (760) 222-1878 FAX NUMBER (optional) _____ EMAIL (optional) lvaztec@gmail.com
STREET ADDRESS 237 Hernandez St CITY Calexico STATE Ca ZIP CODE 92231
OFFICE SOUGHT (POSITION TITLE) Director AGENCY NAME Imperial Irrigation District DISTRICT NUMBER, if applicable: 4 NON-PARTISAN OFFICE
OFFICE JURISDICTION _____ PARTY PREFERENCE: _____ (Check one box, if applicable.)
 State (Complete Part 2.) County Multi-County: Imperial PRIMARY / GENERAL
 City Multi-County: _____ (Name of Multi-County Jurisdiction) 2024 SPECIAL / RUNOFF
(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 11-13-23 Signature _____
(month, day, year) (Candidate)