

Candidate Intention Statement

Check One: Initial Amendment (Explain)

Registrar
Date Stamp
of Voters
AUG 05 2024
Imperial
County

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) FERNANDEZ, RALPA DAYTIME TELEPHONE NUMBER (760) 344-6246 FAX NUMBER (optional) _____ EMAIL (optional) _____
STREET ADDRESS 319 W. TRAIL ST. CITY BRAWLEY STATE CA ZIP CODE 92227
AGENCY NAME IMPERIAL COUNTY OFFICE OF EDUCATION DISTRICT NUMBER, if applicable. IV NON-PARTISAN OFFICE
OFFICE SOUGHT (POSITION TITLE) BOARD MEMBER PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF
 State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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

AUG. 5, 2024
(month, day, year)

Signature


(Candidate)