

Candidate Intention Statement

Date Stamp
**REGISTRAR
of Voters**
FEB 09 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) Eran Marie Bermudez	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]			
CITY [REDACTED]			
STATE [REDACTED]			
ZIP CODE [REDACTED]			
OFFICE SOUGHT (POSITION TITLE) Superior Court Judge, Seat # 4	AGENCY NAME State of CA	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input checked="" type="checkbox"/> State (Complete Part 2.)			
<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	(Check one box, if applicable.)
			<input type="checkbox"/> PRIMARY / GENERAL
			<input type="checkbox"/> 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 February 9, 2026 Signature [REDACTED]
(month, day, year) (Candidate)