

Candidate Intention Statement

Registrar of Voters
Date Stamped
FEB 19 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) Boemusez, Suzanne C DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional)

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) Treasurer - Tax Collector AGENCY NAME [REDACTED] DISTRICT NUMBER, if applicable. NA NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: Imperial (Name of Multi-County Jurisdiction) 2026 (Year of Election) 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

February 19, 2026
(month, day, year)

Signature

[REDACTED SIGNATURE]
(Candidate)

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date Stamp
**Registrar
of Voters**

FEB 19 2026

**Imperial
County**

CALIFORNIA FORM	470
For Official Use Only	

Date of election if applicable: (Month, Day, Year) <u>6-2-2026</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
--	---

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Suzanne C. Bermudez

STREET ADDRESS
[REDACTED]

CITY, STATE ZIP CODE
[REDACTED]

AREA CODE/DAY TIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
TREASURER-TAX COLLECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Imperial County N/A

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>		
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on FEBRUARY 19, 2026
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE