Candidate Intention Statement

Date Stamp: Registrar of Voters FEB 20 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): Karin Eugenio

DAYTIME TELEPHONE NUMBER / FAX NUMBER (optional) / EMAIL (optional): [redacted]

STREET ADDRESS / CITY / STATE / ZIP CODE: [redacted]

OFFICE SOUGHT (POSITION TITLE): Director

AGENCY NAME: Imperial Irrigation District

DISTRICT NUMBER, if applicable: 5

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE: (Check one box, if applicable.)

☑ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☑ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2026 (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 February 11, 2026 *(month, day, year)*

Signature [redacted] *(Candidate)*