

Candidate Intention Statement

Date Stamp
Registrar of Voters
FEB 11 2026
Imperial County

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| CALIFORNIA FORM 501 |
| For Official Use Only |

Check One: Initial Amendment (Explain)

1. Candidate Information:

| | | | |
|---|--|---|---|
| NAME OF CANDIDATE (Last, First Middle Initial) LIZARRAGA PATRICIA | DAYTIME TELEPHONE NUMBER [REDACTED] | FAX NUMBER (optional) () | EMAIL (optional) patlizarraga@gmail.com |
| STREET ADDRESS [REDACTED] | | | |
| OFFICE SOUGHT (POSITION TITLE) BOARD OF SUPERVIVORS DISTRICT V | | AGENCY NAME COUNTY OF IMPERIAL | DISTRICT NUMBER, if applicable. V |
| OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>Imperial County</u> (Name of Multi-County Jurisdiction) | | PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> NON-PARTISAN OFFICE <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF | |
| | | 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 02/11/2026
(month, day, year)

Signature [REDACTED]
(Candidate)