

Candidate Intention Statement

Registrar of Voters Date Stamp MAR 04 2026 Imperial County CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Karina B Alvarez DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) Auditor-Controller AGENCY NAME Imperial County DISTRICT NUMBER, if applicable. N/A [X] NON-PARTISAN OFFICE PARTY PREFERENCE: OFFICE JURISDICTION [ ] State (Complete Part 2.) [ ] City [X] County [ ] Multi-County: Imperial (Name of Multi-County Jurisdiction) 2026 (Year of Election) [X] 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 3/4/2026 (month, day, year)

Signature [Signature] (Candidate)