

Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Cardenas-Alex
DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
STREET ADDRESS
OFFICE SOUGHT (POSITION TITLE) IID-Director-Division-1
AGENCY NAME Imperial-Irrigation-District
DISTRICT NUMBER, if applicable. 1
OFFICE JURISDICTION [ ] State [X] County [ ] Multi-County: Imperial
2026
[ ] City [X] County [ ] Multi-County:
[ ] NON-PARTISAN OFFICE
PARTY PREFERENCE: [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 January 12,-2026 Signature \_\_\_\_\_
(month, day, year) (Candidate)