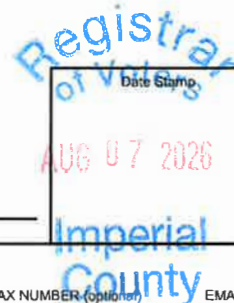


## Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)



CALIFORNIA FORM 501

For Official Use Only

### 1. Candidate Information:

|                                                                                                                            |                                           |                                 |                                                         |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|---------------------------------------------------------|
| NAME OF CANDIDATE (Last, First Middle Initial)                                                                             | DAYTIME TELEPHONE NUMBER                  | FAX NUMBER (optional)           | EMAIL (optional)                                        |
| Brambila, Gloria                                                                                                           | [REDACTED]                                | ( )                             | [REDACTED]                                              |
| STREET ADDRESS                                                                                                             | CITY                                      | STATE                           | ZIP CODE                                                |
| School Board Trustee                                                                                                       | [REDACTED]                                | [REDACTED]                      | [REDACTED]                                              |
| OFFICE SOUGHT (POSITION TITLE)                                                                                             | AGENCY NAME                               | DISTRICT NUMBER, if applicable. | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |
| Westmorland                                                                                                                | Westmorland Union Elementary School Dist. |                                 | PARTY PREFERENCE:                                       |
| OFFICE JURISDICTION                                                                                                        |                                           |                                 | (Check one box, if applicable.)                         |
| <input type="checkbox"/> State (Complete Part 2.)                                                                          |                                           |                                 | <input checked="" type="checkbox"/> PRIMARY / GENERAL   |
| <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: | Imperial                                  | 2026                            | <input type="checkbox"/> SPECIAL / RUNOFF               |
|                                                                                                                            | (Name of Multi-County Jurisdiction)       | (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 08/06/2026  
(month, day, year)

Signature [REDACTED]

FPPC Form 501 (August/2023)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov