Candidate Intention Statement

Registrar of Voters
Date Stamp
AUG 07 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)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Brambila, Gloria	[redacted]	( )	[redacted]
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**
School Board Trustee	[redacted]	[redacted]	
OFFICE SOUGHT (POSITION TITLE)	**AGENCY NAME**	**DISTRICT NUMBER, if applicable.**	☑ NON-PARTISAN OFFICE
Westmorland	Westmorland Unioin Elementary School Dist.		PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☑ City ☑ County ☐ Multi-County: Imperial (Name of Multi-County Jurisdiction)

2026 (Year of Election)

☑ 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 08/06/2026 (month, day, year) Signature [redacted]