

## Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

|                                                                                           |                               |
|-------------------------------------------------------------------------------------------|-------------------------------|
| <div>Date Stamp<br/>Registrar<br/>of Voters<br/>AUG 04 2026<br/>Imperial<br/>County</div> | CALIFORNIA<br>FORM <b>501</b> |
|                                                                                           | For Official Use Only         |

### 1. Candidate Information:

|                                                                                                                                                                                                                                                    |                                                                                                                                       |                                        |                                                                              |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------|------------------|
| NAME OF CANDIDATE (Last, First Middle Initial)<br><u>Cardenas, Ramona A.</u>                                                                                                                                                                       |                                                                                                                                       | DAYTIME TELEPHONE NUMBER<br>[REDACTED] | FAX NUMBER (optional)<br>( )                                                 | EMAIL (optional) |
| STREET ADDRESS<br>[REDACTED]                                                                                                                                                                                                                       | CITY<br>[REDACTED]                                                                                                                    | STATE<br>[REDACTED]                    | ZIP CODE<br>[REDACTED]                                                       |                  |
| OFFICE SOUGHT (POSITION TITLE)<br><u>Heber Elementary School Dist. - Trustee</u>                                                                                                                                                                   | AGENCY NAME                                                                                                                           | DISTRICT NUMBER, if applicable.        | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE<br>PARTY PREFERENCE: |                  |
| OFFICE JURISDICTION<br><input type="checkbox"/> State (Complete Part 2.)<br><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>Imperial</u><br>(Name of Multi-County Jurisdiction) | (Check one box, if applicable.)<br><input checked="" type="checkbox"/> PRIMARY / GENERAL<br><input type="checkbox"/> SPECIAL / RUNOFF |                                        | 2026<br>(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 8/3/26  
(month, day, year)

Signature [REDACTED]  
(Candidate)