Candidate Intention Statement

Registrar of Voters Date Stamp AUG 04 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): Espinoza Rafael

DAYTIME TELEPHONE NUMBER: [redacted] FAX NUMBER (optional): ( ) EMAIL (optional):

STREET ADDRESS: [redacted] CITY: STATE: ZIP CODE:

OFFICE SOUGHT (POSITION TITLE): Brawley ESD AGENCY NAME: DISTRICT NUMBER, if applicable:

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ PRIMARY / GENERAL

☐ City ☒ County ☐ Multi-County: IMPERIAL (Name of Multi-County Jurisdiction) 2026 (Year of Election) ☐ 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 8-4-26 *(month, day, year)* Signature [redacted]