Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain) _____

Date Stamp: Registrar of Voters AUG 03 2026 Imperial County

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Michael J. Fong

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

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

OFFICE SOUGHT (POSITION TITLE): Governing Board AGENCY NAME: Calipatria Unified School District

DISTRICT NUMBER, if applicable.: ☐ NON-PARTISAN OFFICE

PARTY PREFERENCE: (Check one box, if applicable.)

OFFICE JURISDICTION

☐ 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 8-1-2026 (month, day, year) Signature [redacted]