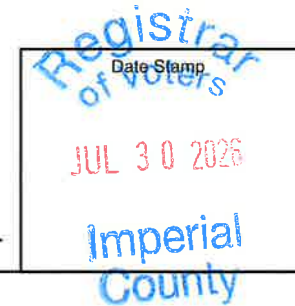


Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

	CALIFORNIA FORM 501
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Gonzalez Javier</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) () N/A	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) <u>1V Healthcare District -</u>	AGENCY NAME [REDACTED]	DISTRICT NUMBER, if applicable. <u>7</u>	☒ NON-PARTISAN OFFICE
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☐ City ☒ County ☐ Multi-County: <u>Imperial</u> (Name of Multi-County Jurisdiction)		<u>2026</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) ☒ 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

7-30-26
(month, day, year)

Signature

[REDACTED SIGNATURE]

(Candidate)