# Candidate Intention Statement

**Check One:** ☒ Initial ☐ Amendment (Explain) _____

Registrar of Voters Date Stamp JUL 30 2026 Imperial County

CALIFORNIA FORM **501**

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Gonzalez Javier

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): IV Healthcare District -

AGENCY NAME:

DISTRICT NUMBER, if applicable: 7

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County ☐ Multi-County: Imperial (Name of Multi-County Jurisdiction)

2026 (Year of Election)

(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 Sta[redacted] the foregoing is true and correct.

Executed on 7.30.26 (month, day, year)

Signature [redacted] (Candidate)