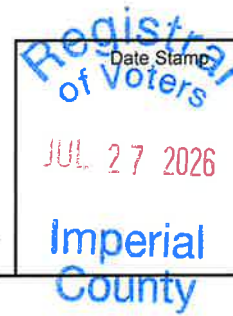


Candidate Intention Statement



CALIFORNIA
FORM **501**
For Official Use Only

Check One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Irene Hernandez	[REDACTED]	()	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☐ NON-PARTISAN OFFICE
Board Director SCSD			PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
☐ State (Complete Part 2.)	☒ PRIMARY / GENERAL		
☐ City ☒ County ☐ Multi-County:	☐ SPECIAL / RUNOFF		
	Imperial (Name of Multi-County Jurisdiction)	2026 (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 _____ that the foregoing is true and correct.

Executed on 07/27/26
(month, day, year)

Signature _____
(Candidate)