

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) RAMOS MANUEL H.	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) DIRECTOR (SCSD)	AGENCY NAME [REDACTED]	DISTRICT NUMBER, if applicable.	☐ NON-PARTISAN OFFICE
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☒ County ☐ Multi-County: IMPERIAL (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF	
		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 of California that the foregoing is true and correct.

Executed on **7-24-2026**
(month, day, year) Signature [REDACTED]
(Candidate)