Can_date Intention Statement	Date Stamp CA
Check One: ☑XInitial ☐ Amendment (Explain)	FEB 2 5 2022
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
corey	ĭ
CITY	
	Calif. 92243
Clerk/Recorder Imperial County	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
OFFICE JURISDICTION State (Complete Part 2.)	(Check one box, if applicable.)
☐ City	2022 (Year of Election) ☐ 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: O I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election.	n/ and I accept the voluntary expenditure
☐ On,/I contributed personal funds in excess of the expenditure ceiling for the	g for the election stated above.
3. Verification:	
l certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	ing is true and correct.
Executed on February 16th, 2022 Signature Chul Hondidate)	
	EBBC Form 601 (A.

FPPC Form 501 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)