

Candidate Intention Statement

Registrar
of Voters

Date Stamp

FEB 09 2026

Imperial
County

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

STOREY, Chuck

DAYTIME TELEPHONE NUMBER

CITY

FAX NUMBER (optional)

()

EMAIL (optional)

chuckstorey@ymail.com

STREET ADDRESS

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

CLERK/Recorder

AGENCY NAME

Imperial County

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2026
(Year of Election)

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

2/9/26
(month, day, year)

Signature

(Candidate)