

Candidate Intention Statement

RECEIVED Date Stamp JAN -5 2022 HUMBOLDT COUNTY ELECTIONS	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Koors Thomas A</u>		DAYTIME TELEPHONE NUMBER <u>(707) 496 8929</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>Koorthomas@gmail.com</u>
STREET ADDRESS [REDACTED]		CITY <u>Eureka</u>	STATE <u>Ca</u>	ZIP CODE <u>95501</u>
OFFICE SOUGHT (POSITION TITLE) <u>Board Supervisor Dist 4</u>	AGENCY NAME <u>Dist 4</u>	DISTRICT NUMBER, if applicable. <u>4</u>	<input type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		Year of Election: <u>2022</u>		

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 01/05/2022
(month, day, year)

Signature [REDACTED]
Candidate