

# Candidate Intention Statement

Date Stamp <b>RECEIVED</b> JUL 25 2016 CITY CLERK CITY OF CHICO	<b>CALIFORNIA FORM 501</b> For Official Use Only
---	---

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) CASTLE JOEL K. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) E-MAIL (optional) [REDACTED]

STREET ADDRESS Castle St 1 K. CITY Chico STATE Ca ZIP CODE 95928

OFFICE SOUGHT (POSITION TITLE) City Council 5th & Flame AGENCY NAME City of Chico DISTRICT NUMBER, if applicable.  NON-PARTISAN PARTY:

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: CITY COUNCIL (Name of Multi-County Jurisdiction) 2016 (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.)

2016 (Year of Election) **Primary/general election** \_\_\_\_\_ (Year of Election) **Special/runoff election**

(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 7-25-16 (month, day, year) Signature Joel Castle (Candidate)