

Candidate Intention Statement

Date Stamp RECEIVED AUG 10 2016 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 501 <small>For Official Use Only</small>
---	--

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) GLATZ, JEFFREY S		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) [REDACTED]	E-MAIL (optional)
STREET ADDRESS [REDACTED]		CITY [REDACTED]	STATE CA	ZIP CODE 95928
OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER	AGENCY NAME CITY OF CHICO	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (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.)

_____ (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 8/10/16 Signature [Signature]
(month, day, year) (Candidate)