

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

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CITY CLERK
CITY OF CHICO

CALIFORNIA
FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
O'Brien, Michael T [REDACTED] () [REDACTED]
STREET ADDRESS CITY STATE ZIP CODE
[REDACTED] Chico CA 95926
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. ☒ NON-PARTISAN OFFICE
City Council City of Chico 1 PARTY PREFERENCE:
OFFICE JURISDICTION (Check one box, if applicable.)
☐ State (Complete Part 2.) 2024 ☒ PRIMARY / GENERAL
☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) (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:

☐ 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

3-1-2024
(month, day, year)

Signature

[Signature]
(Candidate)