Candidate Intention Statement	RECENTED CALIFORNIA 501
Check One: Amendment (Explain)	APR 1 0 2024 For Official Use Only
	CITY CLERK CITY OF CHICO
1. Candidate Information:	
NAME OF CANDIDATE (Last, First, Middle Initial)	ER. FAX NUMBER (optional) E-MAIL (optional)
Deepika Tandon	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME COMMON COLUMN	STATE ZIP CODE CA 95918
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN
Codificilities City of Chica	PARTY:
OFFICE JURISDICTION State (Complete Part 2.)	
City County Multi-County: (Name of Multi-County Jurisdiction)	Von of Florier
(Year of Election) Primary/general 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:	
O I did not exceed the expenditure ceiling in the primary or special election held o the general or special run-off election.	n:/ and I accept the voluntary expenditure ceiling for
(Mark if applicable)	
On/, I contributed personal funds in excess of the expenditure ceilin	g for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the	oregoing is true and correct.
04/10/2024	
Executed on, Signature(Candidate (Candidate (Can	te) FPPC Form 501 (Jan/

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov