Candidate Intention Statement

Check One: ☐ Initial ☒ Amendment (Explain) _missing information_ _on initial form_

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Denlay, Kami P.	▉	( )	▉

STREET ADDRESS	CITY	STATE	ZIP CODE
▉	Chico	CA	95926

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	☒ NON-PARTISAN OFFICE
Councilmember	City of Chico	3	PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2020 (Year of Election)

(Check one box, if applicable.)
☐ PRIMARY / GENERAL
☐ 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 _July, 21, 2020_ (month, day, year)   Signature _[signature]_ (Candidate)