

Candidate Intention Statement

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| Date Stamp RECEIVED APR 26 2016 CITY CLERK CITY OF CHICO | CALIFORNIA FORM 501 For Official Use Only |
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

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|--|-------------------------------------|--|--|
| NAME OF CANDIDATE (Last, First, Middle Initial) <u>DUARTE, LISA A</u> | DAYTIME TELEPHONE NUMBER _____ | FAX NUMBER (optional) () | E-MAIL (optional) _____ |
| STREET ADDRESS _____ | CITY <u>CHICO</u> | STATE <u>CA</u> | ZIP CODE <u>95926</u> |
| OFFICE SOUGHT (POSITION TITLE) <u>CITY COUNCIL</u> | AGENCY NAME <u>CITY OF CHICO</u> | DISTRICT NUMBER, if applicable. _____ | <input 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) | | (Year of Election) <u>2016</u> | |

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 4-25-16 Signature [Signature]
(month, day, year) *(Candidate)*