

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED DEC 20 2017 CITY CLERK CITY OF CHICO

CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ory, Karl E
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY Chico STATE CA ZIP CODE 95926
OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Chico
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County:
2020 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election Special/runoff election
(Year of Election) (Year of 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 12/20/2017 (month, day, year)

Signature [Handwritten Signature] (Candidate)