

**Candidate Intention Statement**

Date Stamp <b>RECEIVED</b> JAN 31 2018 CITY CLERK CITY OF CHICO	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) Rensink, Kendall, D. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY CHICO STATE CA ZIP CODE 95973

OFFICE POSITION (POSITION TITLE) Council Member AGENCY NAME City of CHICO DISTRICT NUMBER, if applicable.  NON-PARTISAN PARTY:

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2018 (Year of Election)

**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 1/31/2018  
(month, day, year) Signature Ken Rensink  
(Candidate)