Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

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CALIFORNIA FORM **501**
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): SCOTT, JON
DAYTIME TELEPHONE NUMBER: (530)
FAX NUMBER (optional): ( )
E-MAIL (optional):
STREET ADDRESS: [redacted]
CITY: CHICO
STATE: CA
ZIP CODE: 95928
OFFICE SOUGHT (POSITION TITLE): CITY COUNCIL
AGENCY NAME:
DISTRICT NUMBER, if applicable:
☒ NON-PARTISAN
PARTY:
OFFICE JURISDICTION
☐ State (Complete Part 2.)
☒ City ☐ County ☐ Multi-County: CHICO (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 8/14/2018 *(month, day, year)*, Signature _____ *(Candidate)*