Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

_____

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Rich Ober

DAYTIME TELEPHONE NUMBER ▮▮▮▮▮▮

FAX NUMBER (optional) ( )

EMAIL (optional)

STREET ADDRESS ▮▮▮▮▮▮

CITY Chico

STATE CA

ZIP CODE 95928

OFFICE SOUGHT (POSITION TITLE)

Chico City Council

AGENCY NAME

City of Chico

DISTRICT NUMBER, if applicable. ☒ NON-PARTISAN OFFICE

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 8/16
(month, day, year)

Signature _____
(Candidate)