Candidate Intention Statement

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CITY CLERK CITY OF CHICO

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Kohler, Lauren N

DAYTIME TELEPHONE NUMBER ▮▮▮▮▮ FAX NUMBER (optional) ( ) EMAIL (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. 5

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE: (Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2020 (Year of Election)

☑ 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 __7/21/2020__ (month, day, year)   Signature _____ (Candidate)