Candidate Intention Statement

Check One: ☒ Initial   ☐ Amendment *(Explain)* _____

1. Candidate Information:

NAME OF CANDIDATE *(Last, First, Middle Initial)*
CHAN WILCOX, THIL

DAYTIME TELEPHONE NUMBER   ( )

FAX NUMBER *(optional)*

E-MAIL *(optional)*

STREET ADDRESS _____   *OROVILLE*   STATE *CA*   ZIP CODE *95966*

OFFICE SOUGHT *(POSITION TITLE)*   *City Council*

AGENCY NAME   *Oroville*

DISTRICT NUMBER, if applicable.   ☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION
☐ State *(Complete Part 2.)*
☒ City   ☐ County   ☐ Multi-County: _____   *(Name of Multi-County Jurisdiction)*

2016 (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.)

_____ **Primary/general election**
(Year of Election)

_____ **Special/runoff 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 _**8-5-2016**_ , *(month, day, year)*

Signature _____ *(Candidate)*