

Candidate Intention Statement

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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Michols, Chris M. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) cmichols4turlock@yahoo.com

[REDACTED] CITY Turlock STATE CA ZIP CODE 95382

OFFICE SOUGHT (POSITION TITLE) Turlock City Council member (District 1) AGENCY NAME [REDACTED] DISTRICT NUMBER, if applicable, (1) ☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION: ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: Stanislaus (Name of Multi-County Jurisdiction) 2022 (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, 7/19/22 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 7/19/2022
(month, day, year)

Signature [REDACTED]