Candidate Intention Statement	Date Stamp	CALIFORNIA 501
Check One:	RECEIVED	For Official Use Only
	AUS 2 1 7017	
	CITY CLERK	
1. Candidate Information:	CITA OF CHICO	
NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUM	BER (optional) E-MAIL (o	optional)
Markley, Jeremy, K	STATE ZIP COM	markley for city council@c
Chico		926
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		NON-PARTISAN
City Council city of Chico		PARTY:
State (Complete Part 2.)	- 10	
City County Multi-County: (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 (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: O I did not exceed the expenditure ceiling in the primary or special election held on:	_ and I accept the volunta	ary expenditure ceiling for
(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 Avg., 21, 2017, Signature (Candidate)		FPPC Form 501 (Jan/2016)

FPPC Form 501 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov