

Candidate Intention Statement

RECEIVED Date Stamp FEB 25 2026 CITY CLERK CITY OF CHICO CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) WINSLOW, ADISON ? STREET ADDRESS CITY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE OFFICE JURISDICTION PARTY PREFERENCE: (Check one box, if applicable.) [] State (Complete Part 2.) [] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) [] PRIMARY / GENERAL [] SPECIAL / RUNOFF (Year of Election) 2026

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 2/25/2026 (month, day, year) Signature [Signature] (Candidate)