

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
	For Official Use Only JUN 02 2026 CITY CLERK CITY OF CHICO

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Vincent, Tracy I DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Chico STATE CA ZIP CODE 95926

OFFICE SOUGHT (POSITION TITLE) City Council Dist 4 AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. 4  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE:  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 \_\_\_\_\_ (month, day, year) Signature [Signature] (Candidate)