Candidate Intention Statement

Date Stamp: RECEIVED FEB 17 2026 CITY CLERK CITY OF CHICO

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Reynolds, Kasey J.	(530) -3435356	( )	kasey.reynolds@chicoca.gov

STREET ADDRESS	CITY	STATE	ZIP CODE
1191 Hillview Way	Chico	CA	95926

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN OFFICE PARTY PREFERENCE:
Councilmember	City of Chico	2	

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2026 (Year of Election)

(Check one box, if applicable.)

☑ 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 _____ 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 2/17/2026 *(month, day, year)*

Signature Kasey Reynolds *(Candidate)*