

Candidate Intention Statement

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CITY
OF CHINO

Date Stamp

JUN 02 2020

OK

City Clerk,

CALIFORNIA FORM **501**
For Official Use Only

Check One: Initial Amendment (Explain) Change of address

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Flores, Christopher A		(323) 399-1596	()	floresforcouncil2020@gmail.com
STREET ADDRESS		CITY	STATE	ZIP CODE
13032 7th Street		Chino	CA	91710
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
Council Member	City of Chino	1	PARTY PREFERENCE:	
OFFICE JURISDICTION				(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)				<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County:	2020	<input type="checkbox"/> SPECIAL / RUNOFF
		(Name of Multi-County Jurisdiction)	(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.)

(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 06.01.2020
(month, day, year)

Signature [Redacted]
(Candidate)