

Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Fox, Albert J DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional)

STREET ADDRESS [REDACTED] CITY Citrus Heights STATE CA ZIP CODE 95610

OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Citrus Heights DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: Republican

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: Citrus Heights, CA (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** _____
(Year of Election) **Special/runoff 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:

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 10-9-2017
(month, day, year)

Signature [Handwritten Signature]
(Candidate)