

Candidate Intention Statement

Date Stamp RECEIVED JUL 14 2026 CITY OF LINCOLN	CALIFORNIA FORM 501 For Official Use Only
---	--

Check One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Colvin, Christine P</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <u>Lincoln</u>	STATE <u>CA</u>	ZIP CODE <u>95648</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council Dist. 1</u>	AGENCY NAME <u>City of Lincoln</u>	DISTRICT NUMBER, if applicable. <u>1</u>	☒ NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction)	2026 (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 July 14, 2026
(month, day, year)

Signature

[REDACTED]

(Candidate)