

# Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) CHRISTIAN H. TAPAC DAYTIME TELEPHONE NUMBER (707) 447-0191 FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) tapachachastain@gmail.com

STREET ADDRESS [REDACTED] CITY Vacaville STATE California ZIP CODE 95687

OFFICE SOUGHT (POSITION TITLE) \_\_\_\_\_ DISTRICT NUMBER, if applicable:  NON-PARTISAN OFFICE

City Council AGENCY NAME City of Vacaville PARTY PREFERENCE: Republican

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

PRIMARY / GENERAL  SPECIAL / RUNOFF

(Year of Election) 2020

## 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 29th 2020 Signature [Signature]  
(month, day, year) (Candidate)

Officeholder and Candidate  
Campaign Statement -  
Short Form

**CALIFORNIA FORM 470**  
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Amendment (Explain Below)

Date of election if applicable:  
(Month, Day, Year)

1. Statement Covers Calendar Year 20 2020.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Tapac H. Chastain

STREET ADDRESS  
[REDACTED]

CITY  
Vacaville

STATE  
Ca.

ZIP CODE  
95687

AREA CODE/DAYTIME PHONE NUMBER  
707-447-0191

OPTIONAL: FAX / E-MAIL ADDRESS  
N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
CITY Council

JURISDICTION (LOCATION)  
Vacaville

DISTRICT NUMBER (IF APPLICABLE)  
6

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 25, 2020 DATE

By Tapac H. Chastain SIGNATURE OF OFFICEHOLDER OR CANDIDATE