

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

Date Stamp

1. Candidate Information:

NAME OF CANDIDATE: Young, Allen D. DAYTIME TELEPHONE NUMBER: (530) 797-4169 FAX NUMBER: () E-MAIL: (optional) STREET ADDRESS: 1284 Montgomery St. CITY: Oroville STATE: CA ZIP CODE: 95965 OFFICE BOUGHT (POSITION TITLE): City Council AGENCY NAME: City of Oroville DISTRICT NUMBER: (if applicable) PARTY: NON-PARTISAN OFFICE JURISDICTION: State City County Multi-County: (Name of Multi-County Jurisdiction) Year of Election: 2014

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election (Year of Election) Special/runoff election (Year of 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 7/22/2014 (month, day, year) Signature: Allen D. Young (Candidate)

Clear Form

Print Form