

Candidate Intention Statement

Type or Print in Ink.

City of Oroville Administration
Date Stamp
AUG 04 2014

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Pagarigan, Willy F. DAYTIME TELEPHONE NUMBER 530 990 6520 FAX NUMBER (optional) _____ E-MAIL (optional) willpagarigan@hotmail.com

STREET ADDRESS 15 Northwood Dr. CITY Oroville STATE CA ZIP CODE 95964

OFFICE SOUGHT (POSITION TITLE) member of City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable: _____ NON-PARTISAN

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2014 (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.)

2014 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 8-1-14 (month, day, year) Signature [Signature] (Candidate)

Clear Form Print Form

FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)