

Candidate Intention Statement

Type or Print in Ink.

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) Dahlmeier, Linda L.	DAYTIME TELEPHONE NUMBER (530) 519-1117	FAX NUMBER (optional) ()	E-MAIL (optional) lindalisa530@gmail.com
STREET ADDRESS 109 Pine Oaks Rd.	CITY Oroville	STATE CA	ZIP CODE 95966
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME City of Oroville	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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.)

_____ (Year of Election)	Primary/general election	_____ (Year of Election)	Special/runoff election
(Check one box)			
<input type="checkbox"/> I accept the voluntary expenditure ceiling for the election stated above.			
<input type="checkbox"/> I do not accept the voluntary expenditure ceiling for the election stated above.			
Amendment:			
<input type="radio"/> 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)			
<input type="checkbox"/> 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 30th 2014 Signature Linda L. Dahlmeier
(month, day, year) (Candidate)