

Candidate Intention Statement

Type or Print in Ink.

City of Oroville
Date Stamp
AUG 08 2014
Administration

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) Fairbanks, Carolyn J DAYTIME TELEPHONE NUMBER (530) 533-8303 FAX NUMBER (optional) N/A E-MAIL (optional) karolynj@sbglobal.net

STREET ADDRESS 2565 Oro Quincey Hwy. CITY Oroville STATE CA ZIP CODE 95966

OFFICE SOUGHT (POSITION TITLE) Treasurer AGENCY NAME City of Oroville DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY _____

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

- 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 8-7-2014 (month, day, year) Signature Karolyn J. Fairbanks (Candidate)