

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  
City of Oroville  
AUG 6 7 2014  
Administration

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MARK GROVER DAYTIME TELEPHONE NUMBER (530) 828-7484 FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) \_\_\_\_\_

STREET ADDRESS 60 BROOKDALE DR CITY OROVILLE STATE CA ZIP CODE 95966

OFFICE SOUGHT (POSITION TITLE) MEMBER - CITY COUNCIL AGENCY NAME OROVILLE CITY COUNCIL 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.)

\_\_\_\_\_  
(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 8/7/14  
(month, day, year)

Signature [Signature]  
(Candidate)