

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM **501**

For Official Use Only

Date Stamp
AUG 18 2014

City of Oroville Administration

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BUNKER BARBARA C DAYTIME TELEPHONE NUMBER 530-591-9018 FAX NUMBER (optional) _____ E-MAIL (optional) cbunkie@gmail.com

STREET ADDRESS 500 POMONA AVE #6 CITY OROVILLE, CA STATE CA ZIP CODE 95965

OFFICE SOUGHT (POSITION TITLE) MAYOR 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: 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 Aug. 7, 2014 (month, day, year) Signature Barbara Cheri Bunker (Candidate)