

Candidate Intention Statement

Type or Print in Ink.

City of Oroville Administration

CANDIDATE INTENTION STATEMENT

Date Stamp  
AUG 08 2014

CALIFORNIA FORM 501  
For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BERRY JACK R. DAYTIME TELEPHONE NUMBER 530.533-2241 FAX NUMBER (optional) ( ) E-MAIL (optional)

STREET ADDRESS 176 GRAND AVE CITY OROVILLE STATE CALIF ZIP CODE 95965

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME CITY OF OROVILLE DISTRICT NUMBER, if applicable. PARTY:  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 Aug 8 2014 Signature Jack R. Berry  
 (month, day, year) (Candidate)

[Clear Form](#) [Print Form](#)