

Candidate Intention Statement

Type or Print in Ink.

Date Stamp: **AUG 8 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): Celia Hirschman DAYTIME TELEPHONE NUMBER: (530) 801-1875 FAX NUMBER (optional): NA E-MAIL (optional): NA
 STREET ADDRESS: PO Box 1225 CITY: Oroville STATE: CA ZIP CODE: 95965
 OFFICE SOUGHT (POSITION TITLE): Member Oroville City Council AGENCY NAME: _____ DISTRICT NUMBER, if applicable: _____ NON-PARTISAN PARTY: _____
 OFFICE JURISDICTION:
 State (Complete Part 2)
 City County Multi-County: Oroville, CA (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.)

(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.

N/A

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 8/8/14
(month, day, year)


Signature Celia Hirschman
(Candidate)