

Check One: Initial Amendment (Explain) _____

City of Oroville

APR 13 2014

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

HATLEY, ARTHUR J.

DAYTIME TELEPHONE NUMBER

(530) 533-9254

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

Oroville

STATE

CA

ZIP CODE

95865

OFFICE SOUGHT (POSITION TITLE)

Oroville City Council

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

SENATORS and CALISTOS 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 08-13-14

(month, day, year)

Signature

Arthur J. Hatley

(Candidate)

Clear Form

Print Form