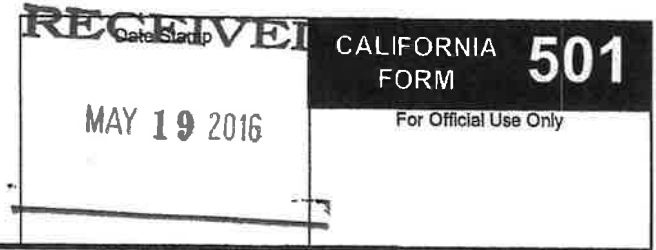


Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Draper, Linda Fern DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ E-MAIL (optional) _____
 STREET ADDRESS _____ CITY Oroville STATE CA ZIP CODE 95966
 OFFICE SOUGHT (POSITION TITLE) city council seat, city of Oroville COUNTY NAME Oroville DISTRICT NUMBER, if applicable. CD 1 NON-PARTISAN
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY: _____
 (Year of Election) _____ 2016 (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** _____ **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 May 19, 2016 Signature [Signature]
 (month, day, year) (Candidate)