

Candidate Intention Statement

City of Oroville
Date Stamp: **JUL 22 2016**
Administration

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| CALIFORNIA FORM 501 |
| For Official Use Only |

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle initial) GROVER MARK DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS _____ CITY OROVILLE STATE CA. ZIP CODE 95966

OFFICE SOUGHT (POSITION TITLE) OROVILLE City Council 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) 2016

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 July 22nd 2016
(month, day, year)

Signature _____
(Candidate)