Candidate Intention Statement

City of Oroville

JUN 2 9 2016

Administration

State Stamp

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial   ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Jones III, Alfred

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)   ( )

E-MAIL (optional)

STREET ADDRESS

CITY

Oroville

STATE

Ca

ZIP CODE

95966

OFFICE SOUGHT (POSITION TITLE)

City Councilmember

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City   ☐ County   ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

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.)

__2016__ ***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 __6/29/2016__   Signature _____
    (month, day, year)   'Candidate)