

Candidate Intention Statement

Date Stamp City of Oroville AUG 04 2016 Administration	CALIFORNIA FORM 501 <small>For Official Use Only</small>
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) PITTMAN, DAVID W		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS		CITY CITY OF OROVILLE	STATE CA	ZIP CODE 95966
OFFICE SOUGHT (POSITION TITLE) CITY OF OROVILLE	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input type="checkbox"/> NON-PARTISAN
OFFICE JURISDICTION		PARTY:		
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		2016 <small>(Year of Election)</small>		

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 **AUG 3 2016**
(month, day, year)

Signature _____
(Candidate)