

# Candidate Intention Statement

Date Stamp

**CALIFORNIA FORM 501**

City of Oroville

AUG 01 2016

Administration

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Simpson, AI DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY Oroville STATE CA ZIP CODE 95965

OFFICE SOUGHT (POSITION TITLE) City of Oroville AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN

OFFICE JURISDICTION \_\_\_\_\_ PARTY: \_\_\_\_\_

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.)

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 8-1-16 (month, day, year) Signature [Signature] (Candidate)