

Candidate Intention Statement

Date Stamp
City of Oroville
AUG 09 2018
Administration

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BERRY JACK R. DAYTIME TELEPHONE NUMBER (530) 533-2241 FAX NUMBER (optional) _____ E-MAIL (optional) _____
 STREET ADDRESS 176 GRAND AVE CITY OROVILLE STATE CA ZIP CODE 95965
 OFFICE SOUGHT (POSITION TITLE) 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) 2018

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

- 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 AUG 9 2018 (month, day, year) Signature [Signature] (Candidate)