

# Candidate Intention Statement

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

**City of Oroville**  
**AUG 08 2018**  
**Administration**

**CALIFORNIA FORM 501**  
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **Bunker, Barbara C** DAYTIME TELEPHONE NUMBER **(530) 591-9018** FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) **cbunkie@gmail.com**

STREET ADDRESS **500 Pomona Ave #6** 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) \_\_\_\_\_

## 2. State Candidate Expenditure Limit Statement:

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

2018 Primary/general election 2018 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 August 8, 2018 Signature [Signature]  
(month, day, year) (Candidate)