

Candidate Intention Statement

CALIFORNIA FORM 501
For Official Use Only

City of Oroville
MAY 21 2018
Administration

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Janet B. Goodson

DAYTIME TELEPHONE NUMBER

(530) 566-3680

FAX NUMBER (optional)

()

E-MAIL (optional)

STREET ADDRESS

CITY

Oroville

STATE

CA

ZIP CODE

95966

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Oroville

Mayor

Oroville City Council

DISTRICT NUMBER, if applicable, NON-PARTISAN

1

PARTY:

State (Complete Part 2.)

City County Multi-County:

Butte County

(Name of Multi-County Jurisdiction)

2018

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CALIFERS and CALIFERS 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 5/16/2018
(month, day, year)

Signature _____
(Candidate)