

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

Date Stamp City of Oroville AUG 06 2018 Administration	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

O'REILEY BOBBY E.

DAYTIME TELEPHONE NUMBER

(530) 353-8032

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

3443 CHARLENE AVE.

CITY

OROVILLE

STATE

CA

ZIP CODE

95966

OFFICE SOUGHT (POSITION TITLE)

OROVILLE CITY COUNCIL

AGENCY NAME

CITY OF OROVILLE, CALIFORNIA

DISTRICT NUMBER, if applicable.

NON-PARTISAN

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2018
(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.)

(Year of Election)

Primary/general 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 7/17/2018
(month, day, year)

Signature [Signature]
(Candidate)