

Candidate Intention Statement

Date Stamp
City of Oroville
AUG 02 2018
Administration

CALIFORNIA
FORM
501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) PITTMAN DAVID W DAYTIME TELEPHONE NUMBER 530 990-4191 FAX NUMBER (optional) _____ E-MAIL (optional) PittmanDavid@comcast.net

STREET ADDRESS 282 CANYON HIGHLANDS DR. OROVILLE CITY CA STATE CA ZIP CODE 95966

OFFICE SOUGHT (POSITION TITLE) CITY COUNCILMAN AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION _____ (Name of Multi-County Jurisdiction) _____ 2018 (Year of Election)

State (Complete Part 2.) City County Multi-County:

2. State Candidate Expenditure Limit Statement:

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

2018 (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 information submitted is true and correct.

Executed on 8-2-2018 (month, day, year) Signature [Signature] (Candidate)