

Candidate Intention Statement

Date Stamp CITY OF OROVILLE AUG 10 2018 Administration	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Tousley, Stephanie R DAYTIME TELEPHONE NUMBER (408) 307-3114 FAX NUMBER (optional) _____ E-MAIL (optional) Stephanie.tousley@protonmail.com
 STREET ADDRESS _____ CITY Oroville STATE CA ZIP CODE 95965
 OFFICE SOUGHT (POSITION TITLE) Montgomery St AGENCY NAME Oroville City Council 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.)

- Special/runoff election (Year of Election) _____
 Primary/general 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 8/11/2018 (month, day, year)
 Signature [Signature] (Candidate)