

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

City of Oroville

AUG 07 2014

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Del Rosario Martene DAYTIME TELEPHONE NUMBER 530 632-5744 FAX NUMBER (optional) 530 533-5421 E-MAIL (optional) Administration

STREET ADDRESS 3041 Orange Ave CITY Oroville STATE Ca. ZIP CODE 95966

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

OFFICE JURISDICTION
 State (Complete Part 2)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2014 (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.)

2014 Primary/general election Special/runoff election
(Year of 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 8-7-14 Signature Martene Del Rosario
(month, day, year) (Candidate)

FPPC Form 501 (April 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Clear Form Print Form