

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

Date Stamp City of Oroville JUL 25 2018 Administration	CALIFORNIA FORM 501 <small>For Official Use Only</small>
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Fairbanks, Carolyn J. DAYTIME TELEPHONE NUMBER (530) 533-8303 FAX NUMBER (optional) _____ E-MAIL (optional) kfairbanks@cityoforoville.org

STREET ADDRESS 2565 Oro Quincey Hwy CITY Oroville STATE _____ ZIP CODE _____

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

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 2018

2. State Candidate Expenditure Limit Statement:

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

Primary/general election _____ (Year of Election) Special/runoff 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 July 24, 2018 Signature _____
(month, day, year)