

Candidate Intention Statement

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) Richard Gabriel Jr DAYTIME TELEPHONE NUMBER (530) 282-3305 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS 11 Evanswood Cir CITY Oroville STATE ca ZIP CODE 95965

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Oroville DISTRICT NUMBER, if applicable. 1 NON-PARTISAN PARTY: _____

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

_____ (Year of Election) 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.)

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 8/9/18 (month, day, year) Signature _____ (Candidate)