

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) Smith Eric J. DAYTIME TELEPHONE NUMBER (707) 290-1170 FAX NUMBER (optional) _____ E-MAIL (optional) buttesolutions@att.net

STREET ADDRESS 28 Rockridge Rd. CITY Oroville STATE CA ZIP CODE 95966

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

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-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.)

(Year of Election) **Primary/general 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 foregoing is true and correct.

Executed on 07/28/2018
(month, day, year)

Signature [Signature]
(Candidate)