

Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only

Date Stamp
City of Oroville
AUG 10 2018
Administration

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Del Rosario Marlene DAYTIME TELEPHONE NUMBER (530) 632-5744 FAX NUMBER (optional) _____ E-MAIL (optional) _____
 STREET ADDRESS Melrose in the City of Oroville CITY Oroville STATE CA ZIP CODE 95965

OFFICE SOUGHT (POSITION TITLE) _____ AGENCY NAME Oroville City Counselor DISTRICT NUMBER, if applicable, 1 NON-PARTISAN PARTY:
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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.)

2018 (Year of Election) Primary/general 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 25 2018 (month, day, year)

Sig

(Candidate)