

COPY

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

Date Stamp

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **SIEGEL, DAN** DAYTIME TELEPHONE NUMBER **(510) 468-1234** FAX NUMBER (optional) _____ E-MAIL (optional) **DAN@6MAIL.COM**

STREET ADDRESS **1111 AVENUE OAKLAND** CITY **OAKLAND** STATE **CA** ZIP CODE **94605**

OFFICE SOUGHT (POSITION TITLE) **MAYOR** AGENCY NAME **CITY OF OAKLAND** DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

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.)

(Year of Election) **Primary/general election** _____
(Year of 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 **DEC 31, 2013**
(month, day, year)

Signature _____
(Candidate)

FILED
OFFICE OF THE CITY CLERK
OAKLAND
13 DEC 31 AM 11:59