Candidate Intention Statement	Type or Print in Ink.	AFFICE OF THE CITY GLEAD	CALIFORNIA 501
Check One: Initial Amendment (Explain) _	1	14 MAY 30 PM 4: 56	For Official Use Only
1. Candidate Information: ERIC WILSON	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (or	tional)
STREET ADDRESS OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	спу	STATE ZIP CODE OAKLAUD DISTRICT NUMBER, if applicable.	94605
MAYOR			NON-PARTISAN ARTY:
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for the calculation) (Check one box) I accept the voluntary expenditure ceiling for the election	Special/runoff election		
 ☐ I do not accept the voluntary expenditure ceiling for the Amendment: ☐ I did not exceed the expenditure ceiling in the prim the general or special run-off election. 		and I accept the volunt	ary expenditure ceiling for
(Merk if epplicable) On	cess of the expenditure ceiling for	the election stated above.	
3. Verification: I certify under penalty of perjury under the laws of the Executed on MAX 2813 Signature		oing is true and correct.	
(month, day, year)	(Candidate)	FPPC Toll-Free He	FPPC Form 501 (April/2011) pline: 866/ASK-FPPC (866/275-3772)