

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

FILED Stamp
OFFICE OF THE CITY CLERK
OAKLAND
14 FEB -5 AM 10:32

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) W. Shilington, Samuel DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ E-MAIL (optional) s.shilington@oaklandca.gov
STREET ADDRESS _____ CITY Oakland STATE CA ZIP CODE 94604
OFFICE SOUGHT (POSITION TITLE) Mayor of City of Oakland, CA AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY: _____
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.)

_____/_____/_____ Primary/general election _____ Special/runoff election
(Year of 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 02/05/2014
(month, day, year)

Signature [Handwritten Signature]
(Candidate)