

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

FILED
OFFICE OF THE CITY CLERK
OAKLAND

14 FEB 10 PM 4:44

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

MICHAEL COLBRINO

(510) _____

STREET ADDRESS

CITY

STATE

ZIP CODE

OAKLAND CA

94610-1314

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN

OAKLAND CITY COUNCIL

DISTRICT 2

2

PARTY:

OFFICE JURISDICTION

State (Complete Part 2)

City County Multi-County:

OAKLAND

(Name of Jurisdiction)

2014

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2014 Primary/general election
(Year of Election)

2014 Special/runoff election
(Year of Election)

(Check/initial 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 FEB 4, 2014
(month, day, year)

Signature [Signature]
(Candidate)

Clear Form Print Form

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772