

	•	·		CANDIDATE INTENTION STATEMENT
Candidate Intention Statement	Type or Print in Ink.	*FRUE OF THE CIT DAKLAND	Stamp Y CLERA)	CALIFORNIA 501
Check One:		13 DEC II PM	12: 14	For Official Use Only
1. Candidate Information:			<u></u>	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL	(optional)
Sokhom Mao	(510)	()		⊧@gmail.com
STREET ADDRESS	CITY	STATE	ZIP COI	DE
	Oakland	CA	9460	6
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUME	BER, if applicable.	☑ NON-PARTISAN
Council Member City of Oakland	l	2		PARTY:
OFFICE JURISDICTION				
State (Complete Part 2.)			2014	
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Yes	ar of Election)	
(Check one box) I accept the voluntary expenditure ceiling for the election				
☐ I do not accept the voluntary expenditure ceiling for the el Amendment:				
 I did not exceed the expenditure ceiling in the primar the general or special run-off election. 	y or special election held on: _	/ and I ac	cept the volu	ntary expenditure ceiling for
(Mark if applicable) On/, I contributed personal funds in exce	ses of the expenditure ceiling for	or the election stated above	/a	
, , continuated personal funds in exce	to of the experientine beiling it	of the enemon stated about	.	
3. Verification:				
I certify under penalty of perjury under the laws of the St	tate of California that the fore	egoing is true and corre	ct.	
Executed on December 2, 2013 Signature	1			
(month, day, year)	(Candidate)	FF	PC Toll-Free H	FPPC Form 501 (April/2011) lelpline: 866/ASK-FPPC (866/275-3772)