

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:

Initial

Amendment (Explain) _____

OFFICE OF THE CITY CLERK
OAKLAND

14 JUN 23 PM 4:35

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Roberts, Brenda D

DAYTIME TELEPHONE NUMBER

510 [REDACTED]

FAX NUMBER (optional)

()

E-MAIL (optional)

[REDACTED] net

STREET ADDRESS

[REDACTED]

CITY

Oakland

STATE

CA

ZIP CODE

94618

OFFICE SOUGHT (POSITION TITLE)

City Auditor

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

PARTY: Democrat

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

(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
(Year of Election)

____ Special/runoff 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

06/23/2014
(month, day, year)

Signature

[REDACTED]

(Candidate)