			CANDIDATE INTENTION STATEMENT
Candidate Intention Statement	Type or Print in ink.	Date Stamp	CALIFORNIA 501
Check One: X Initial Ame	endment (Explain)	FILED OF THE CITY CLERK OAKLAND	For Official Use Only
		- 1/ WILL AND EO	
1. Candidate Information:		14 OOM MITH OJ	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (o	otional)
James Moore	(510	()	nail.com
STREET ADDRESS	CITY	STATE ZIP CODE	01.0
,	the Oakland	CA 94614	94619
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, If epplicable.] NON-PART/SAN
Council member	City of Oakland	6	PARTY: Democrat
OFFICE JURISDICTION			
State (Complete Part 2.)		2014	
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	
2014 (Year of Election) (Check one box) I accept the voluntary expenditure ceili I do not accept the voluntary expenditure Amendment: I did not exceed the expenditure of general or special run-off election.	ture ceiling for the election stated above.	_/ and i accept the voluntary	expenditure ceiling for the
(Mark if applicable) On/, I contributed pe 3. Verification:	ersonal funds in excess of the expenditure ceiling for the e	election stated above.	
		Section 1	
I certify under penalty of perjury under th	e laws of the State of California that the		
Executed on	, Signature (Candidat	te)	