

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

FILED  
OFFICE OF THE CITY CLERK  
OAKLAND  
14 JUN 18 PM 1:00

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Houston Ken DAYTIME TELEPHONE NUMBER (510) [REDACTED] FAX NUMBER (optional) [REDACTED] E-MAIL (optional) [REDACTED]@att.net  
STREET ADDRESS [REDACTED] CITY OAKLAND STATE CA ZIP CODE 94603  
OFFICE SOUGHT (POSITION TITLE) MAYOR AGENCY NAME City of Oakland DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN PARTY: \_\_\_\_\_  
OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) Year of Election 2014

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) **Primary/general election** \_\_\_\_\_  
(Year of Election) **Special/runoff 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.

Executed on 6-18-14  
(month, day, year)

Signature [REDACTED]  
(Candidate)