Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: Initial Amendment (Explain))	OFFICE OF THE CITY CLER	1.00000
		12 APR 30 AM II: 36	
. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MA	AIL (optional)
Smith, Jesse, E.	(510)	() STATE	@gmail.c
STREET ADDRESS	Dakland		74610
AGENCY NAME	.	DISTRICT NUMBER, If applicable	NON-PARTISAN
Mayor City of	f Oakland		PARTY:
State (Complete Part 2.)		2 2 141	
☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	
(Check one box) I accept the voluntary expenditure ceiling for the election			
☐ I do not accept the voluntary expenditure ceiling for the Amendment:			
O I did not exceed the expenditure ceiling in the printing the general or special run-off election.	imary or special election held on:	and I accept the vo	luntary expenditure ceiling for
(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 th	e State of California that the foreg	going is true and correct.	
Executed on 04/30/2012 Signs			
Executed on (month, day, year) Signs	ature (Candidate)		FPPC Form 501 (April/2011)
		FPPC Toll-Free	Helpline: 866/ASK-FPPC (866/275-3772)

CANDIDATE INTENTION STATEMENT