

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp FILED OFFICE OF THE CITY CLERK OAKLAND 14 MAY 13 PM 1:20	CALIFORNIA FORM 501
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Reid, Treva		(510) [REDACTED]		
STREET ADDRESS		CITY	STATE	ZIP CODE
[REDACTED]		Oakland	CA	94618
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN
City Council Member	City of Oakland, CA	7		PARTY:
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>City of Oakland, CA</u>				
				2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 of California that the foregoing is true and correct.

Executed on 5/9/2014
 (month, day, year)

Signature _____
 (Candidate)

FPPC Form 501 (April/2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)