VERIFICATION OF POLITICAL PARTY HISTORY

To whom it may concern:

This is in reply to your request for information concerning the following individual:

NAME: _____Brenda Diane Roberts_____

ADDRESS: _____220 Caldecot Ln Apt. 201_____

BIRTH DATE: _____2/20/1953_____ **REGISTERED PARTY:** __Democratic_____

REGISTRATION DATE: ___original: 9/28/1984_____ **DATE CANCELLED:** _____n/a_____

IN SEARCH OF RECORDS FOR THIS INDIVIDUAL, OUR OFFICE HAS FOUND THE FOLLOWING INFORMATION:

✔ The above named person is currently registered to vote in Alameda County

☐ The above named person is not registered to vote in Alameda County

☐ The above named person is in our cancelled file
   Reason for Cancellation:

   ☐ Not a U.S. Citizen

   ☐ Moved Out of County

   ☐ No Longer wants to be a Registered to Vote

POLITICAL PARTY HISTORY

REGISTRATION DATE	POLITICAL PARTY	REGISTRATION DATE	POLITICAL PARTY
1. 6/23/2014	Democratic	5. 5/19/2009	Republican
2. 5/22/2014	American Independent	6. 2/5/2008	Republican
3. 9/27/2010	Republican	7.	
4. 6/8/2010	Republican	8.	

All records in our office are considered of a confidential nature and can only be disclosed to the voter themselves or by obtaining a court subpoena.

For additional information or questions, please contact our office at 510-272-6973.

Election Deputy: __Jennifer Lee_____

   Date: ___9/15/2014_____

Candidate Intention Statement

Type or Print in Ink.

Date Stamp
OFFICE OF THE CITY CLERK
OAKLAND

14 JUN 23 PM 4:35

Check One: ☑ Initial   ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
Roberts Brenda D

DAYTIME TELEPHONE NUMBER
510 ████████

FAX NUMBER (optional)
( )

E-MAIL (optional)
████████ net

STREET ADDRESS
████████

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 ████████
(Candidate)