

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

FILED Date Stamp
OFFICE OF THE CITY CLERK
OAKLAND

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

14 AUG -5 PM 4:46

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Raphael, Len, S.
DAYTIME TELEPHONE NUMBER (510)
FAX NUMBER (optional) (510)
E-MAIL (optional) .com
STREET ADDRESS
CITY Oakland STATE CA ZIP CODE 94618
OFFICE SOUGHT (POSITION TITLE) City Auditor AGENCY NAME City of Oakland
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
State (Complete Part 2.)
City County Multi-County:
2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election Special/runoff election
(Year of 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 I am the candidate named above.

Executed on August 5, 2014 (month, day, year)

Signature