

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

OFFICE OF THE CITY CLERK
OAKLAND

14 FEB -7 AM 10:28

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Wade Gregory L DAYTIME TELEPHONE NUMBER (510) _____ FAX NUMBER (optional) N/A E-MAIL (optional) @gmail
STREET ADDRESS _____ CITY _____ STATE Ca ZIP CODE 94605
OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN
OFFICE JURISDICTION _____ PARTY: Dem
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____

(Year of Election) 2014
(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.)

(Year of Election) Primary/general 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 Feb 7 2014
(month, day, year)

Signature [Signature] (Candidate)