

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

FILED OFFICE OF THE CITY CLERK OAKLAND

14 JUN -4 PM 4:37

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) KAPLAN, REBECCA D
DAYTIME TELEPHONE NUMBER (510)
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY OAKLAND
STATE CA
ZIP CODE 94608

OFFICE SOUGHT (POSITION TITLE) MAYOR
AGENCY NAME CITY OF OAKLAND
DISTRICT NUMBER, if applicable.
NON-PARTISAN PARTY:

OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
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.)

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

Executed on 6/4/14 (month, day, year)

Signature