

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ruby, Courtney DAYTIME TELEPHONE NUMBER 510- FAX NUMBER (optional) 916- E-MAIL (optional) c yahoo.com

STREET ADDRESS CITY STATE ZIP CODE
Oakland CA 94605

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

OFFICE JURISDICTION
 State (Complete Part 2)
 City County Multi-County: City of Oakland (Name of Jurisdiction) 2014 (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 2/26/2014 (month, day, year)

Signature _____ (Candidate)

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