

# COPY

## Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

FILED  
OFFICE OF THE CITY CLERK  
OAKLAND

Date Stamp

14 JAN -2 PM 1:44

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Wrigley-Larson, Margaret A.  
1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Wrigley-Larson, Margaret DAYTIME TELEPHONE NUMBER (510) \_\_\_\_\_ FAX NUMBER (optional) ( ) E-MAIL (optional) \_\_\_\_\_@gmail.com

STREET ADDRESS \_\_\_\_\_ CITY Oakland STATE California ZIP CODE 94612

OFFICE SOUGHT (POSITION TITLE) Mayor Oakland AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. #3  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) Nov. 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 Jan. 02, 2014  
(month, day, year)

Signature [Handwritten Signature]  
(Candidate)