

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CITY OF SAN LEANDRO	Date Stamp	CALIFORNIA FORM 501 For Official Use Only
	JUN 26 2012	
	CITY CLERK'S OFFICE	

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Lee, Benny DAYTIME TELEPHONE NUMBER (510) 813-8303 FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) \_\_\_\_\_

STREET ADDRESS 2238 Mariner Dr CITY San Leandro STATE CA ZIP CODE 94579

OFFICE SOUGHT (POSITION TITLE) City Council District 4 AGENCY NAME City of San Leandro DISTRICT NUMBER, if applicable. 4  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2)  
 City  County  Multi-County: San Leandro (City of) (Name of Jurisdiction) 2012 (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 (Year of 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 6/25/12  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)