

Candidate Intention Statement

Type or Print in Ink.

CITY OF SAN LEANDRO

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

NOV 15 2007

For Official Use Only

CITY CLERK'S OFFICE

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Prola, Jim, C DAYTIME TELEPHONE NUMBER (510) 483-0744 FAX NUMBER (optional) E-MAIL (optional) jimprola@yahoo.com
STREET ADDRESS 2234 Belvedere Ave. CITY SAN LEANDRO STATE CALIF. ZIP CODE 94577
OFFICE SOUGHT (POSITION TITLE) City Council member, City of San Leandro AGENCY NAME DISTRICT NUMBER, if applicable. 6 NON-PARTISAN PARTY:
OFFICE JURISDICTION
 State (Complete Part 2)
 City County Multi-County: (Name of Multi-County Jurisdiction)
2008 (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 November, 15, 2007 (month, day, year)

Signature James C Prola (Candidate)