

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CITY OF SAN LEANDRO MAR 23 2010 CITY CLERK'S OFFICE	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
DAVID L. ANDERSON, SR	(510) 290-4698	()	andersondavel1@aol.com
STREET ADDRESS	CITY	STATE	ZIP CODE
1271 Vista Grand Drive,	San Leandro	CA	94577
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
San Leandro City Council	San Leandro, California	1	PARTY: Democrat
OFFICE JURISDICTION			2010
<input type="checkbox"/> State (Complete Part 2.)	San Leandro City Council		(Year of Election)
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	(Name of Multi-County Jurisdiction)		

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 _____ Special/runoff election
 (Year of 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 7/24/2010
 (month, day, year)

Signature
 (Candidate)