Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp: CITY OF SAN LEAN MAY 17 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)*
Mestas, Sara M	(510) 355-2789	( )	saramestas@gmail.com

STREET ADDRESS	CITY	STATE	ZIP CODE
15265 Wiley St	San Leandro	Ca	94579

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, *if applicable.*	☑ NON-PARTISAN
MAYOR	City of San Leandro		PARTY: Democrat

OFFICE JURISDICTION

☐ State *(Complete Part 2.)*

☒ City ☐ County ☐ Multi-County: _____ *(Name of Multi-County Jurisdiction)* _____ *(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.)

2010 *(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 May 17, 2010 *(month, day, year)*, Signature Sara M Mestas *(Candidate)*