

Candidate Intention Statement

Type or Print in Ink.

CITY OF SAN LEANDRO OCT 07 2009 CITY CLERK'S OFFICE	CANDIDATE INTENTION STATEMENT	
	CALIFORNIA FORM	501
For Official Use Only		

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Cassidy Stephen H.</u>	DAYTIME TELEPHONE NUMBER <u>(415) 939-3372</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>stephenhcassidy@gmail.com</u>
STREET ADDRESS <u>776 Bridge Rd.</u>	CITY <u>San Leandro</u>	STATE <u>CA</u>	ZIP CODE <u>94577</u>
OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u>	AGENCY NAME <u>City of San Leandro</u>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<u>2010</u> <small>(Year of Election)</small>	

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 10/7/09
(month, day, year)

Signature Stephen H. Cassidy
(Candidate)