

Candidate Intention Statement

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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) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)  
 Cassidy Stephen H. (415) 939-3372 ( ) stephenhcassidy@gmail.com

STREET ADDRESS CITY STATE ZIP CODE  
 776 Bridge Rd. San Leandro CA 94577

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable  NON-PARTISAN PARTY:  
 Mayor City of San Leandro

OFFICE JURISDICTION  
 State (Complete Part 2)  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2010 (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 10/7/09 (month, day, year)

Signature Stephen H. Cassidy (Candidate)