

Candidate Intention Statement

Type or Print in Ink.

CITY OF SAN LEANDRO CALIFORNIA FORM 501 JAN 24 2008 CITY CLERK'S OFFICE For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: Reed, Ursula C. DAYTIME TELEPHONE NUMBER: (510) 823-7634 FAX NUMBER: () E-MAIL: ucreed@sbcglobal.net STREET ADDRESS: 1311 Lillian Ave CITY: San Leandro STATE: CA ZIP CODE: 94578 OFFICE SOUGHT: City Council AGENCY NAME: City of San Leandro DISTRICT NUMBER: 2 NON-PARTISAN: [X] PARTY: Democrat OFFICE JURISDICTION: [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) Year of Election: 2008

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 January 23, 2008 (month, day, year)

Signature [Handwritten Signature]