

14 FEB -3 PM 2:16

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Heidorn, Nicolas C</u>	DAYTIME TELEPHONE NUMBER (---) ---, --- ()	FAX NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS <u>_____</u>	CITY <u>C</u>	STATE <u>CA</u>	ZIP CODE <u>94619</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME <u>City of Oakland</u>	DISTRICT NUMBER, if applicable <u>4</u>	<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	(Name of Multi-County Jurisdiction) <u>_____</u>	<u>2014</u> (Year of Election)	

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 2/1/14
(month, day, year) Signature _____
(Candidate)