

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

FILED OFFICE OF THE CITY CLERK OAKLAND

14 JUN -6 AM 9:09

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Karamooz, Saied R
DAYTIME TELEPHONE NUMBER (510) [REDACTED]
FAX NUMBER (options) ( )
E-MAIL (options) [REDACTED]@gmail.com
STREET ADDRESS [REDACTED]
CITY Oakland STATE CA ZIP CODE 94612
OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Oakland
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
State (Complete Part 2)
City County Multi-County: \_\_\_\_\_
2014 (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 \_\_\_\_\_ Special/runoff election
(Year of 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

Executed on 6-Jun-2014
(month, day, year)

Signature [REDACTED]