

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One:

Initial

Amendment (Explain) _____

Date Stamp

FILED
OFFICE OF THE CITY CLERK
OAKLAND

13 JUL 24 PM 1:11

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

JOSEPH SARGON TUMAN

DAYTIME TELEPHONE NUMBER

(510) 834-2294

FAX NUMBER (optional)

()

E-MAIL (optional)

STREET ADDRESS

957 SUNNYHILLS Road

CITY

OAKLAND

STATE

CA

ZIP CODE

94610

OFFICE SOUGHT (POSITION TITLE)

MAYOR CITY OF OAKLAND

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County: _____

(Name of Multi-County Jurisdiction)

2014
(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 7/24/2013
(month, day, year)

Signature [Handwritten Signature]
(Candidate)