Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM **501**

Date Stamp

For Official Use Only

01/08/14 13:23

Check One: ☐ Initial ☒ Amendment (Explain) re-filing for re-election

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Mendall, Al	(510) 258-1341	( )	alforhayward@att.net

STREET ADDRESS	CITY	STATE	ZIP CODE
	Hayward	CA	94544

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN
City Council	City of Hayward	n/a	PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: City of Hayward (Name of Jurisdiction) 2016 (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.)

_____ (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 1/1/2014 (month, day, year) Signature _____ (Candidate)