

Candidate Intention Statement

FILED  
AUG 02 2018  
ALBANY CITY CLERK

CALIFORNIA FORM 501  
For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Preston Jordan DAYTIME TELEPHONE NUMBER (510) 418-9660 FAX NUMBER (optional) ( ) E-MAIL (optional) prestonforalbany@gmail.com  
STREET ADDRESS 524 Talbot Avenue CITY Albany STATE CA ZIP CODE 94706  
OFFICE SOUGHT (POSITION TITLE) City Council member AGENCY NAME City of Albany DISTRICT NUMBER, if applicable. NA  NON-PARTISAN  
OFFICE JURISDICTION:  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (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.)

~~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 2 August 2018 Signature \_\_\_\_\_  
(month/day, year) (Candidate)