

Candidate Intention Statement

Date Stamp <b>FILED</b> <b>JUL 15 REC'D</b> <b>ALBANY CITY CLERK</b>	<b>CALIFORNIA FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Fiedemann, Aaron</u>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS [REDACTED]		CITY <u>Albany</u>	STATE <u>CA</u>	ZIP CODE <u>94706</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME <u>CITY OF ALBANY</u>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:		<u>CITY OF ALBANY</u> (Name of Multi-County Jurisdiction)	<u>2024</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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

(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 July 15 2024  
(month, day, year)

Signature [REDACTED]