Candidate Intention Statement

Check One:  ☑ Initial    □ Amendment  [Explain]  

1. Candidate Information:

NAME OF CANDIDATE  (Last, First Middle Initial)  Ali A. Shakeri
STREET ADDRESS  415
OFFICE SOUGHT (POSITION TITLE)  City Council Person

DAYTIME TELEPHONE NUMBER  (415)
FAX NUMBER (optional)  94014
EMAIL (optional)  

CITY  City  STATE  CA  ZIP CODE  94014
AGENCY NAME  

DISTRICT NUMBER, if applicable  2020  PRIMARY / GENERAL
NON-PARTISAN OFFICE  
PARTY PREFERENCE:  

OFFICE JURISDICTION  
☐ State  (Complete Part 2)  ☑ City  ☑ County  ☐ Multi-County:  (Name of Multi-County Jurisdiction)

2. State Candidate Expenditure Limit Statement:

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

☐ I accept the voluntary expenditure ceiling for the election stated above.
☐ I do not accept the voluntary expenditure ceiling for the election stated above.

 Amendement:  
☐ 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.

☐ 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 7-6-2020    Signature
(month, day, year)  [Candidate]