

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

01/24/13 16:39 CLK

Check One: Initial

Amendment (Explain)

Committee name change

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Zermeno, Francisco C

DAYTIME TELEPHONE NUMBER

510, 732 2746

FAX NUMBER (optional)

(510) 732 6624

E-MAIL (optional)

machetez@sbcglobal.net

STREET ADDRESS

CITY

Hayward

STATE

CA

ZIP CODE

94545

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

Hayward

DISTRICT NUMBER, if applicable.

NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2016

(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

January, 17, 2013
(month, day, year)

Signature

(Candidate)