Candidate Intention St	tatement	Type or Print in Ink.	OFFICE OF	Daile State DAILE CITY CAKLAND	FORM
Check One: ⊠ Initial	Amendment (Exp	ain)	13 JUL	24 AMII:	For Official Use Only
1. Candidate Information	:				
NAME OF CANDIDATE (Last, First, Middle II	nitial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (option	al) E-MAIL	_ (optional)
McCullough, Patrick, K.	-	(510 ₎ 655-8013	(510) 655-801		oakland@gmail.com
STREET ADDRESS		CITY	STA	TE ZIP CC	DDE
585 59th Street		Oakland	C		
OFFICE SOUGHT (POSITION TITLE)	AGENCY N		DISTRICT NU	IMBER, if applicable.	■ NON-PARTISAN
MAYOR	City of C	akland	_		PARTY:
OFFICE JURISDICTION State (Complete Part 2.)				2014	
🛛 City 🔲 County 🔲 M	lulti-County:	(Name of Multi-County Jurisdiction)		(Year of Election)	
(Check one box) I accept the voluntary exp		Filection Special/runoff election ection stated above.			
☐ I do not accept the volunt Amendment:	tary expenditure ceiling fo	r the election stated above.			
O I did not exceed the the general or specia		primary or special election held on:	_// and {	accept the volu	ntary expenditure ceiling for
(Mark if applicable)					
☐ On/, I co	ontributed personal funds	in excess of the expenditure ceiling for t	he election stated ab	ove.	·
3. Verification:					
I certify under penalty of pe	erjury under the laws of	the State of California that the forego	oing is true and cor	rect.	
Executed onJuly, 8		gnature (Candidate)			EDDC Form F01 (April/201

CANDIDATE INTENTION STATEMENT