

Candidate Intention Statement

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CITY CLERK CITY OF EMERYVILLE

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Danielsson-Chang, Charlotte A. DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Emeryville DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE PARTY PREFERENCE:

OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) (Check one box, if applicable.) [] PRIMARY / GENERAL [X] SPECIAL / RUNOFF (Year of Election) 2021

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)

[X] 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

Executed on 07 26 2021 (month, day, year)

Signature