

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Date Stamp CITY OF OXNARD 2012 JUL 12 P 5:16	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Torres, Jose</u>	DAYTIME TELEPHONE NUMBER <u>(805) 612-3872</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional)
STREET ADDRESS <u>City Clerk 1419 W. Fir</u>	CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93033</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Clerk</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<u>2012</u> <small>(Year of Election)</small>	

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 _____
(month, day, year)

Signature _____
(Candidate)