

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

Date Stamp
CITY OF OXNARD
2012 AUG -6 P 1:30

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) ALTOBANO, MANUEL C. DAYTIME TELEPHONE NUMBER 8051816-5653 FAX NUMBER (optional) () E-MAIL (optional) mcaaltobano@gmail.com

STREET ADDRESS 5112 DOWNWOOD WAY, OXNARD, CA 93030-8353 CITY OXNARD STATE CA ZIP CODE 93030-8353

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME OXNARD DISTRICT NUMBER, if applicable. 2012 NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: OXNARD (Name of Multi-County Jurisdiction) (Year of Election) 2012

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 08/06/2012
(month, day, year)

Signature Manuel C. Altobano
(Candidate)