		CANDIDATE INTENTION STATEMENT
Candidate Intention Statement	Type or Print in Ink.	Date Stamp CALIFORNIA 501
		FORM For Official Use Only
Check One: ⊠ Initial ☐ Amer	ndment (Explain)	For Official Use Only
	(
 		1917 NIC 13 D 2. 1. E
1. Candidate Information:		1012 AUG 13 P 2: 115
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEDIJONE NUMBED EAN	(NUBARER (astro-r)
Vincent P. Behrens		NUMBER (optional)
STREET ADDRESS	(805) 483-1514 (STATE ZIP CODE
261 South F Street	Oxnard	CA 93030
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN
		23 //5/7/4/10/4/
City Council OFFICE JURISDICTION	City of Oxnard California	PARTY:
State (Complete Part 2.)		A >1 o
☐ City ☐ County ☐ Multi-County:		
A City County Limitin-County.	(Name of Multi-County Jurisdiction)	(Year of Election)
(Year of Election) Primary/general election (Check one box) I accept the voluntary expenditure ceiling		
☐ I do not accept the voluntary expendit	ure ceiling for the election stated above.	
Amendment: O I did not exceed the expenditure the general or special run-off elections.	ceiling in the primary or special election held on:/ ction.	and I accept the voluntary expenditure ceiling for
(Mark if applicable)	rsonal funds in excess of the expenditure ceiling for the elec	tion stated above.
3. Verification:		· · · · · · · · · · · · · · · · · · ·
I certify under penalty of periury under	the laws of the State of California that the foregoing is	true and correct.
08/13/2012	(Incomt Represe	
Executed on(month, day, year)	Signature (Candidate)	
(, 20), 900.	,	FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)