

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

CITY OF OXNARD CITY CLERK

2012 SEP 12 P 5:22

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Padilla, Dorinamarie, C
DAYTIME TELEPHONE NUMBER (805) 487-1499
FAX NUMBER (optional) ()
E-MAIL (optional) dorinaforcitycouncil@yahoo.com
STREET ADDRESS 2935 Fournier ST
CITY Oxnard STATE CA ZIP CODE 93033
OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME
DISTRICT NUMBER, if applicable.
NON-PARTISAN [X]
OFFICE JURISDICTION [X] City [] County [] Multi-County:
2012 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general 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 September 10, 2012 (month, day, year)

Signature [Handwritten Signature] (Candidate)