

**Candidate Intention Statement**

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

CITY OF OXNARD  
CITY CLERK

2011 NOV 14 P 5:31

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Perello Bert E	1805 988-6141	( ) - 0	0
STREET ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 6751	Oxnard	Calif	93031
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN
City Council	City of Oxnard	0	PARTY:
OFFICE JURISDICTION			2012
<input type="checkbox"/> State (Complete Part 2)			(Year of Election)
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: N/A	(Name of Multi-County Jurisdiction)		

**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 (Year of Election)      \_\_\_\_ Special/runoff election (Year of 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 11-14-11  
(month, day, year)

Signature Bert E Perello  
(Candidate)