

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp CITY OF OXNARD CITY CLERK	CALIFORNIA FORM 501 <small>For Official Use Only</small>
2012 MAY 31 P 2:42	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) 2047 Spyglass Trail East DAYTIME TELEPHONE NUMBER (805) 485-9566 FAX NUMBER (optional) () E-MAIL (optional) CA 93036

STREET ADDRESS Mayort CITY Dr. Evrene Pulkard STATE CA ZIP CODE 93036

OFFICE SOUGHT (POSITION TITLE) Oxnard AGENCY NAME Oxnard DISTRICT NUMBER, if applicable. NON-PARTISAN

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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.)

(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 5/31/12
(month, day, year)

Signature *[Signature]*
(Candidate)