

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial

Amendment (Explain) Did not include name and election year.

Date Stamp CITY OF OXNARD CITY CLERK 2012 JUN 19 P 12:38
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Pinkard, Irene G. DAYTIME TELEPHONE NUMBER (805) 485-9566 FAX NUMBER (optional) (805) 485-9566 E-MAIL (optional) irenepink@peoplepc.com

STREET ADDRESS 2047 Spyglass Trail East CITY Oxnard STATE CA ZIP CODE 93036

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable.   NON-PARTISAN PARTY:

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

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not 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 6/19/12 (month, day, year)

Signature [Signature] (Candidate)