

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp CITY OF OXNARD 2012 AUG -6 P 4:24	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Salvio Rudy</u>	DAYTIME TELEPHONE NUMBER <u>(805) 512-1998</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>rudy.salvio@hotmail.com</u>
STREET ADDRESS <u>121 North Garfield Avenue</u>	CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93030</u>
OFFICE SOUGHT (POSITION TITLE) <u>Oxnard City Councilmember</u>	AGENCY NAME <u>City of Oxnard</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		<u>2012</u> (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 (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 5/2/2012
(month, day, year)

Signature Rudy Salvio
(Candidate)