

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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

Date Stamp: CITY OF OXNARD 2012 AUG 8 P 12:36

1. Candidate Information:

NAME OF CANDIDATE: VELASQUEZ, AL R. DAYTIME TELEPHONE NUMBER: (805) 486-9088 FAX NUMBER: () E-MAIL: VELASQUEZ SR @GMAIL.COM
STREET ADDRESS: 133 BOKLEBRUSH COURT CITY: OXNARD STATE: CA. ZIP CODE: 93030-5202
OFFICE SOUGHT (POSITION TITLE): COUNCILMAN AGENCY NAME: OXNARD CITY COUNCIL DISTRICT NUMBER: PARTY: DEMOCRAT
OFFICE JURISDICTION: [] State [X] City [] County [] Multi-County: 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 Special/runoff election
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.
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 August 3, 2012 (month, day, year)

Signature: [Handwritten Signature] SR (Candidate)