

Candidate Intention Statement

Type or Print in Ink.

Date Stamp CITY OF OXNARD 2014 AUG - 8 P 4: 19	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) Perello, Bert, E.	DAYTIME TELEPHONE NUMBER (805) 240-6194	FAX NUMBER (optional) ()	E-MAIL (optional) electbertperello@gmail.com
STREET ADDRESS 2391 Redwing Lane	CITY Oxnard	STATE CA	ZIP CODE 93036
OFFICE SOUGHT (POSITION TITLE) Member, City Council	AGENCY NAME City of Oxnard	DISTRICT NUMBER, if applicable. N/A	<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)	2014 (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.)

(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 8-7-14
(month, day, year)

Signature Bert E. Perello
(Candidate)