Candidate Intention Statement

Check One: □ Initial ☐ Amendment (Explain) ____________

Type or Print in Ink.

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) PETRIS, ENRIQUE
DAYTIME TELEPHONE NUMBER (818) 512-2578 FAX NUMBER (optional) ☐
STREET ADDRESS 1010 AZALEA ST. OXNARD
CITY OXNARD
STATE CA ZIP CODE 93036
OFFICE SOUGHT (POSITION TITLE) MAYOR
AGENCY NAME CITY OF OXNARD
DISTRIBUTION NUMBER, if applicable.
NON-PARTISAN ☐ PARTY:
□ State (Complete Part 2.) ☐ City ☐ County ☐ 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.)

Primary/general election Special/runoff election

(Year of Election) (Year of 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 09/26/2013 Signature: ENRIQUE PETRIS (Candidate)

FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)