Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain) __________________________

1. Candidate Information:
NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
BERT PERELLO ( 805 ) 988-6141 ( )

STREET ADDRESS CITY STATE ZIP CODE
2391 REDWING LANE OXNARD CA 93036

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. ☑ NON-PARTISAN PARTY:
CITY COUNCIL CITY OF OXNARD

OFFICE JURISDICTION
☐ State (Complete Part 2.) ☐ City ☑ County ☐ Multi-County: ____________________________________________ (Name of Jurisdiction) 2013 (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 ☑ Special/runoff election

(Year of 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 runoff 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 5-8-13 (month, day, year) Signature ☑ BERT E. PERELLO (Candidate)

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC 888/275-3772