

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

CITY OF OXNARD CITY CLERK

2013 MAY -9 P 1:17

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BERT PERELLO DAYTIME TELEPHONE NUMBER (805) 988-6141 FAX NUMBER () E-MAIL (optional) STREET ADDRESS 2391 REDWING LANE CITY OXNARD STATE CA ZIP CODE 93036 OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME CITY OF OXNARD DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE JURISDICTION [] State [] City [X] 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

(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 5-8-13 (month, day, year)

Signature Bert E Perello (Candidate)