

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
CITY OF OXNARD CITY CLERK	For Official Use Only
2012 OCT 25 P 4: 06	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Torres, Jose DAYTIME TELEPHONE NUMBER (805) 612 3872 FAX NUMBER (optional) () E-MAIL (optional) _____

STREET ADDRESS 1419 W. Fir Oxnard CITY CA STATE CA ZIP CODE 93033

OFFICE SOUGHT (POSITION TITLE) City Clerk AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY: Democratic

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.)

(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 10-25-2012
(month, day, year)

Signature [Signature]
(Candidate)