

Candidate Intention Statement

Date Stamp AUG 05 2016 <i>city clerk HK</i>	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MOLINA, PHILLIP S.	DAYTIME TELEPHONE NUMBER (880) 9988-6029	FAX NUMBER (optional) () n/a	E-MAIL (optional) n/a
STREET ADDRESS 1723 GABRIELLA DDRIVE	CITY CITY OF OXNARD	STATE CA	ZIP CODE 93030
OFFICE SOUGHT (POSITION TITLE) CITY TREASURER	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: _____ <small>(Name of Multi-County Jurisdiction)</small>
			<u>2016</u> <small>(Year of Election)</small>

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 7-29-2016
(month, day, year)

Signature *Phillip S. Molina*
(Candidate)