

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
AUG 11 2016	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Sepulveda Armando</u>		DAYTIME TELEPHONE NUMBER <u>(805) 952-9046</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>Sepulveda4change2016@gmail.com</u>
STREET ADDRESS <u>901 Ebony Drive</u>		CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93030</u>
OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u>	AGENCY NAME <u>City of Oxnard</u>	DISTRICT NUMBER, if applicable. <u>M/2</u>		<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: _____ (Name of Multi-County Jurisdiction) _____ (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 8/11/16
(month, day, year)

Signature [Handwritten Signature]
(Candidate)