

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
AUG 17 2016 <i>City Clerk</i>	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <i>De Domenico, Peter F</i>	DAYTIME TELEPHONE NUMBER <i>(805) 479-8090</i>	FAX NUMBER (optional) <i>()</i>	E-MAIL (optional) <i>peter.dadomenico@gmail.com</i>
STREET ADDRESS <i>1024 Corte Primavera, Oxnard</i>	CITY <i>Oxnard</i>	STATE <i>CA</i>	ZIP CODE <i>93030</i>
OFFICE SOUGHT (POSITION TITLE) <i>City Clerk</i>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<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)		<i>2016</i> (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 8/17/16
(month, day, year)

Signature *Peter F. De Domenico*
(Candidate)