Check One: ☐Initial ☐Amendr	nent (Explain)		For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER FAX	X NUMBER (optional) E-MAIL (optional)	No. of the control of
PATINO, BRYAN STREET ADDRESS	(805) 490 - 9165 (	) BRYAN.PA	TINO @HOTMAIL COM
253:5 NORTHBROOK DR		CA 93036	ACCURATE DE COMPANION DE COMPAN
OFFICE SOUGHT (POSITION TITLE)  CITY CLERK	OXNARD  AGENCY NAME  OXNARD, VENTURA COUNTY	DISTRICT NUMBER, if applicable. NON-	PARTISAN REPUBLICIAN
OFFICE JURISDICTION  State (Complete Part 2.)			
☑ City ☐ County ☐ Multi-County: -	(Name of Multi-County Jurisdiction)	(Year of Election)	on the state of th
(Year of Election) Primary/general election  (Checkfone box)  I accept the voluntary expenditure ceiling	(Year of Election) Special/runoff election  for the election stated above.		
I do not accept the voluntary expenditure  Amendment:  O I did not exceed the expenditure ce	e ceiling for the election stated above.	and I accept the voluntary ex	nenditure ceiling for
the general or special run-off election	on	succept the relation of	periorale cessing for
(Mark if applicable)			
On, I contributed person	onal funds in excess of the expenditure ceiling for the ele	ction stated above.	
3. Verification:			
I certify under penalty of perjury under the	he laws of the State of California that the foregoing is	true and correct.	ATTENNATION WOOD STORM
Executed on July 29, 2016 (month, day, year)	, Signature(Candidate)		FPPC Form 501 (Ja

Date Stamp

**Candidate Intention Statement** 

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov