Candidate Intention Statement

Check One: Initial Amend (Explain) 

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) 
Petris, Enrique 

STREET ADDRESS 
1010 Azalea St. 

DAYTIME TELEPHONE NUMBER 
(805) 512-2578 

CITY 
Oxnard 

STATE 
CA 

ZIP CODE 
93036 

OFFICE SOUGHT (POSITION TITLE) 
City Council 

AGENCY NAME 
City of Oxnard 

DISTRICT NUMBER, if applicable. 

PARTY: 
NON-PARTISAN 

OFFICE JURISDICTION 

☐ State (Complete Part 2.) 

☐ City ☐ County ☐ Multi-County: City of Oxnard 

(Year of Election) 

2. State Candidate Expenditure Limit Statement: 

(CA/PERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.) 

(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. 

☐ 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 07/22/2016 

Signature Enrique Petris (Candidate) 

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