

Candidate Intention Statement

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| Date Stamp Received Oxnard City Clerk 2018 FEB 12 PM 4: 42 | CALIFORNIA FORM 501 For Official Use Only |
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

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|---|---|-------------------------------------|--|
| NAME OF CANDIDATE (Last, First, Middle Initial) Petris, Enrique | DAYTIME TELEPHONE NUMBER (805) 512-2578 | FAX NUMBER (optional) () | E-MAIL (optional) |
| STREET ADDRESS 1010 Azalea St. | CITY Oxnard | STATE CA | ZIP CODE 93036 |
| OFFICE SOUGHT (POSITION TITLE) City Council | AGENCY NAME CITY OF OXNARD | 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) | | 2018 (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 2 (EP) 01/09/2018
(month, day, year)

Signature Enrique Petris
(Candidate)