Candidate Intention Statement

Check One: ☑ Initial   ☐ Amendment (Explain) _____

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
Sumpter, Robert L

DAYTIME TELEPHONE NUMBER
(805) 701-1926

FAX NUMBER (optional)
( )

E-MAIL (optional)

STREET ADDRESS
2154 Olga St

CITY
Oxnard

STATE
_CA_

ZIP CODE
_93036_

OFFICE SOUGHT (POSITION TITLE)
Mayor

AGENCY NAME
City of Oxnard

DISTRICT NUMBER, if applicable.

☑ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City   ☐ County   ☐ 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.)

_____ **Primary/general election**
(Year of Election)

_____ **Special/runoff election**
(Year of 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 _Feb. 14 2018_,   Signature _[signature]_
(month, day, year)   (Candidate)