

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
Aug 17, 2016 WT	
For Official Use Only	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Rivera, Alex Rey DAYTIME TELEPHONE NUMBER (805) 585-6356 FAX NUMBER (optional) ( ) E-MAIL (optional) alex4cityclerk@gmail.com

STREET ADDRESS 2081 N. Oxnard Blvd. #375 CITY Oxnard STATE CA. ZIP CODE 93036

OFFICE SOUGHT (POSITION TITLE) City Clerk 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) Year of Election 2016

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 8/17/2016 Signature Alex Rey Rivera  
(month, day, year) (Candidate)