

**Candidate Intention Statement**

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

Date Stamp	<b>CALIFORNIA FORM 501</b>
	For Official Use Only

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Petris, Enrique	( 805 ) 512-2578	( )	
STREET ADDRESS	CITY	STATE	ZIP CODE
1010 Azalea St.	Oxnard	CA	93036
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council	City of Oxnard		PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	City of oxnard	2016	
	(Name of Multi-County Jurisdiction)	(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 07/22/2016  
*(month, day, year)*

Signature *Enrique Petris*  
*(Candidate)*

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