

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	CITY OF OXNARD

Check One: Initial Amendment (Explain) _____

2016 MAR 17 P 4: 36

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
TORRES JOSE	(805) 205-3311	()	toni95127@yahoo.com
STREET ADDRESS	CITY	STATE	ZIP CODE
CITY CLERK			
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
	CITY OF OXNARD		
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 (Name of Multi-County Jurisdiction)	2016 (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 _____ Special/runoff election
(Year of 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 03/17/16 Signature _____
(month, day, year) (Candidate)