

# Candidate Intention Statement

Date Stamp <b>RECEIVED</b> JUL 14 2020 CITY CLERK'S DIVISION CITY OF MOORPARK	<b>CALIFORNIA</b> FORM <b>501</b>  For Official Use Only
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Check One:  Initial      Amendment (Explain) \_\_\_\_\_  
 \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Janice S. Parvin	DAYTIME TELEPHONE NUMBER (805 ) [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional) moorparkparvin@gmail.com
STREET ADDRESS [REDACTED]	CITY Moorpark	STATE CA	ZIP CODE 93021
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME City of Moorpark	DISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.) <input checked="" type="radio"/> City      County      Multi-County: _____ (Name of Multi-County Jurisdiction)		2020 (Year of Election)	(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 7 14 2020      Signature [REDACTED]  
(month, day, year)      (Candidate)