

Candidate Intention Statement

Date Stamp RECEIVED JUN 13 2018 CITY CLERK'S DIVISION CITY OF MOORPARK	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Parvin, Janice S.	DAYTIME TELEPHONE NUMBER (805) [REDACTED]	FAX NUMBER (optional) ()	E-MAIL (optional) Moorparkparvin@gmail.com
STREET ADDRESS [REDACTED] Moorpark	CITY	STATE CA	ZIP CODE 93021
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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.)

2018 (Year of Election)	Primary/general election	Special/runoff election
(Check one box)		
<input checked="" type="checkbox"/> I accept the voluntary expenditure ceiling for the election stated above.		
<input type="checkbox"/> I do not accept the voluntary expenditure ceiling for the election stated above.		
Amendment:		
<input type="checkbox"/> 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)		
<input type="checkbox"/> 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 6/13/18
(month, day, year)

Signature [Handwritten Signature]

Clear Form **Print Form**