

Candidate Intention Statement

Date Stamp RECEIVED 8/14/2020 KLB	CALIFORNIA FORM 501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Martinez, Roberto DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional)

STREET ADDRESS City Council [REDACTED] Port Hueneme, CA 93041 CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Port Hueneme DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

Year of Election: 2020 (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.)

(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 8/4/2020
(month, day, year)

Signature [REDACTED]
(Candidate)