

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only CITY OF OXNARD CITY CLERK

Check One: [X] Initial [] Amendment (Explain)

2012 SEP 20 A 8:31

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Madrigal, Oscar; DAYTIME TELEPHONE NUMBER (805) 290-5825; FAX NUMBER (); E-MAIL (optional) omadrig07@gmail.com; STREET ADDRESS 1722 E Second St; CITY Oxnard; STATE CA; ZIP CODE 93030; OFFICE SOUGHT (POSITION TITLE) Oxnard City Council; AGENCY NAME City of Oxnard; DISTRICT NUMBER, if applicable; [X] NON-PARTISAN; OFFICE JURISDICTION [] State [] City [] County [] Multi-County;

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

(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 September 18, 2012 (month, day, year)

Signature [Handwritten Signature] (Candidate)