

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp 2014 AUG - 8 A 10: 14	CALIFORNIA FORM 501
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Madrigal, Oscar</u>	DAYTIME TELEPHONE NUMBER <u>(805) 290-5825</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>omadrig07@gmail.com</u>
STREET ADDRESS <u>1722 E Second St</u>	CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93030</u>
OFFICE SOUGHT (POSITION TITLE) <u>Council member</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN
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)		<u>2014</u> (Year of Election)	PARTY:

2. State Candidate Expenditure Limit Statement:

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

(Year of Election) **Primary/general election** _____
(Year of 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 August 8, 2014
(month, day, year)

Signature [Signature]
(Candidate)