

Candidate Intention Statement

Type or Print in Ink.

Date Stamp	CALIFORNIA FORM 501 For Official Use Only
CIT... CITY CLERK 2014 MAR 17 P 5:15	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Ramirez (Maria) Carmen	(805) 485-8026	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
631 Ivywood Drive	Oxnard	CA	93030
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council	City of Oxnard	n/a	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)	2014	(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.)

 (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.

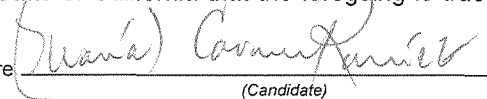
(Mark if applicable)

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 March 17, 2014
 (month, day, year)

Signature 
 (Candidate)