

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

2013 MAR -6 A 9:03

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) RONAN, Paul M. DAYTIME TELEPHONE NUMBER (805) 485-1865 FAX NUMBER (optional) () E-MAIL (optional)

STREET ADDRESS 1915 N. H ST #35 CITY OXNARD, Ca. STATE ZIP CODE 93036

OFFICE SOUGHT (POSITION TITLE) Councilmember AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: OXNARD (Name of Multi-County Jurisdiction) 2013 (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 5, 2013
(month, day, year)

Signature Paul M. Ronan
(Candidate)