

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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

Date Stamp: 2013 MAR 8 12:31 CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE: Wolfel, Elizabeth E. DAYTIME TELEPHONE NUMBER: (805) 744-2498 FAX NUMBER: () E-MAIL: elizabeth@elizabeth2013.com STREET ADDRESS: 5280 Cypress Road CITY: Oxnard STATE: CA ZIP CODE: 93033 OFFICE SOUGHT: Councilmember AGENCY NAME: City of Oxnard DISTRICT NUMBER: [] NON-PARTISAN PARTY: OFFICE JURISDICTION: [X] City [] County [] Multi-County: 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.)

Primary/general election (Year of Election) Special/runoff election (Year of 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 8, 2013 (month, day, year)

Signature [Handwritten Signature] (Candidate)