Candidate Intention Statement

Check One:  ✔ Initial  □ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  Madrigal, Oscar
DAYTIME TELEPHONE NUMBER  (805) 290-5825
FAX NUMBER (optional)  
E-MAIL (optional)  omadrig07@gmail.com
STREET ADDRESS  1722 E. Second St
CITY  Oxnard
STATE  CA
ZIP CODE  93030

STREET ADDRESS  (optional)
NAME OF CANDIDATE
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)

OFFICE SOUGHT (POSITION TITLE)  City Council Member
AGENCY NAME  City of Oxnard
DISTRICT NUMBER, if applicable

□ State (Complete Part 2.)
√ City  □ County  □ Multi-County: 

Office Jurisdiction: □ State (Complete Part 2.)
√ City  □ County  □ Multi-County:  (Name of Multi-County Jurisdiction)

2. State Candidate Expenditure Limit Statement:

Primary/general election  Special/runoff election

(Year of Election)  (Year of Election)

(Year of Election)

□ 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 10, 2016 (month, day, year)  Signature (Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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