Candidate Intention Statement

Check One:  ☐ Initial  ☐ Amendment (Explain) ________________________________

1. Candidate Information:

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE</th>
<th>DAYTIME TELEPHONE NUMBER</th>
<th>FAX NUMBER (optional)</th>
<th>E-MAIL (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segovia Armada</td>
<td>(855) 952-9046</td>
<td></td>
<td><a href="mailto:Segovia4change2016@gmail.com">Segovia4change2016@gmail.com</a></td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td></td>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>901 Eben Drive</td>
<td></td>
<td>Oxnard</td>
<td>CA</td>
</tr>
</tbody>
</table>

OFFICE SOUGHT (POSITION TITLE) | AGENCY NAME
--- | ---
mayor | City of Oxnard

OFFICE JURISDICTION

☐ State  ☐ City  ☐ County  ☐ Multi-County: ____________________________

(Year of Election)          (Year of Election)

2. State Candidate Expenditure Limit Statement:

(For candidates running for state offices, and candidates for local offices not listed in Part 2)

☐ 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.

☐ 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 8/11/16

Signature ____________________________

(Candidate) ____________________________

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