Candidate Intention Statement

Check One:  

☐ Initial  
☐ Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): HANAGUA, Silvia "Sylvia"  
DAYTIME TELEPHONE NUMBER: (805) 814-1455  
FAX NUMBER (optional):   
E-MAIL (optional): Sylvia4Oxnard@gmail.com  
STREET ADDRESS: 1901 SPYGLASS TRAIL WEST, OXNARD, CA 93036  
CITY:  
STATE:  
ZIP CODE:  
OFFICE SOUGHT (POSITION TITLE): CITY CLERK  
AGENCY NAME: CITY OF OXNARD  
OFFICE JURISDICTION: ☑ City  
☐ County  ☐ Multi-County: ________________ (Name of Multi-County Jurisdiction)  
DISTRICT NUMBER, if applicable:  
PARTY: ☑ NON-PARTISAN  

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 ☑ Special/runoff election  

(Year of 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.  

☐ 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 ___________  

(month, day, year)  

Signature: ____________________________  
(Candidate)  

FPPC Form 501 (Jan/2015)  
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