

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
AUG 17 2016 City Clerk	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Lopez, Tiffany S DAYTIME TELEPHONE NUMBER (805) 983-1148 FAX NUMBER (optional) () E-MAIL (optional) LopezForClerk@gmail.com

STREET ADDRESS 1911 Cascades Ct. CITY Oxnard STATE CA ZIP CODE 93036

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

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) Year of Election 2016

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 08/18/16 Signature _____
(month, day, year) (Candidate)