

**Candidate Intention Statement**

JUL 22, 2016

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Date Stamp 	<b>CALIFORNIA FORM 501</b> For Official Use Only
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**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) <u>FORD, DEBRA D.</u>	DAYTIME TELEPHONE NUMBER <u>(805) 775-8881</u>	FAX NUMBER (Optional) <u>( )</u>	E-MAIL (Optional) <u>By Ford, Debra D. 3220 9th Ave, Com</u>
STREET ADDRESS <u>1409 HALESLIA LANE, OXNARD, CA. 93030</u>	CITY <u>CA.</u>	STATE <u>CA.</u>	ZIP CODE <u>93030</u>
OFFICE SOUGHT (POSITION TITLE) <u>CITY CLERK</u>	AGENCY NAME <u>CITY CLERK</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	2016 (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.)

2016 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 7/25/16, I contributed personal funds in excess of the expenditure ceiling for the election stated above. \$100.00

**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 7/20/2016  
(month, day, year)

Signature Debra D. Ford  
(Candidate)