

Candidate Intention Statement

Received
Oxnard City Clerk
Date Stamp
2018 FEB 12 PM 5:16

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ambrosio Casanova DAYTIME TELEPHONE NUMBER (805) 377-6507 FAX NUMBER (optional) () 878 E-MAIL (optional) ambrosio.Casanova@us.af.mil

STREET ADDRESS 3667 Islander Walk CITY Oxnard, STATE CA ZIP CODE 93035

OFFICE SOUGHT (POSITION TITLE) City Council city of Oxnard AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

OFFICE JURISDICTION _____ PARTY: _____

State (Complete Part 2.)

City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2018 (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.)

(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 02/12/2018 Signature _____
(month, day, year) (Candidate)