

Candidate Intention Statement

Received  
Oxnard City Clerk

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

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

2018 FEB 15 PM 2:45

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Castanon Francine DAYTIME TELEPHONE NUMBER (805) 822-3747 FAX NUMBER (optional) ( ) E-MAIL (optional) Vote4francine@gmail.com

STREET ADDRESS 716 N. Ventura Rd #233 CITY Oxnard STATE CA ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) Oxnard City Council Member - City of Oxnard 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)

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 2-15-18  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)