Candidate Intention Statement

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) 835-3747
FAX NUMBER (optional) 
EMAIL (optional) vote4francine@gmail.com
STREET ADDRESS The N Ventura Rd #233
CITY Oxnard
STATE CA
ZIP CODE 93030
OFFICE SOUGHT (POSITION TITLE) City Council Member - City of Oxnard
AGENCY NAME
OFFICE JURISDICTION [ ] City [ ] County [ ] Multi-County: Oxnard
DISTRICT NUMBER, if applicable: [ ] Non-Partisan [ ] PARTY

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 (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 _____/____/____, 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) ____________________________ (Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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