

**Candidate Intention Statement**

Received  
Oxnard City Clerk  
Date Stamp  
2018 FEB 15 PM 3:45

**CALIFORNIA FORM 501**  
For Official Use Only

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

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) CRYDER, KARI L DAYTIME TELEPHONE NUMBER (805) 984 1248 FAX NUMBER (optional) ( ) E-MAIL (optional)

STREET ADDRESS 3015 NAPLES DR, OXNARD CITY OXNARD STATE CA ZIP CODE 93035

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER AGENCY NAME CITY OF OXNARD DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN

OFFICE JURISDICTION  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 February 13, 2018 Signature Kari Cryder  
(month, day, year) (Candidate)