Candidate Intention Statement

Check One:  ☑ Initial  ☐ Amendment  (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE  Garcia Angel

DAYTIME TELEPHONE NUMBER  (805) 254-1451

STREET ADDRESS  513 Corte Sany  Oxnard, CA 93036

CITY  Oxnard  STATE  CA  ZIP CODE  93036

AGENCY NAME  Oxnard, CA 93036

OFFICE SOUGHT (POSITION TITLE)  City Council

OFFICE JURISDICTION  ☑ City  ☐ County  ☐ Multi-County: ____________________________

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)

☐ 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.

☐ 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 2/14/18  (month, day, year)  Signature  ____________________________  (Candidate)

FPPC Form 501 (Jan/2016)
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