

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Received
Oxnard City Clerk

2018 FEB 14 PM 2:14

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Garcia Angel DAYTIME TELEPHONE NUMBER (805) 815-1451 FAX NUMBER (optional) () E-MAIL (optional) _____
 STREET ADDRESS 513 Corte Jana Oxnard, CA 93030 CITY Oxnard STATE CA ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME Oxnard, CA 93030 DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

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 2/14/18 Signature [Signature]
 (month, day, year) (Candidate)