

Candidate Intention Statement

Date Stamp Received Oxnard City Clerk 2018 FEB 14 AM 9:36	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ragan John F		DAYTIME TELEPHONE NUMBER 805 814-5721	FAX NUMBER (optional) ()	E-MAIL (optional) johnragan6@gmail.com
STREET ADDRESS 500 Hazelwood Dr		CITY Oxnard, CA	STATE CA	ZIP CODE 93030
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME City of Oxnard	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		PARTY: 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)