Candidate Intention Statement

Check One: ☑ Initial  □ Amendment (Explain) ____________________________

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CALIFORNIA
FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) VELASQUEZ ALFRED

DAYTIME TELEPHONE NUMBER (805) 758-5764

FAX NUMBER (optional) ____________________________

E-MAIL (optional) VELASQUEZSR9@gmail.com

STREET ADDRESS 133 BOTTLEBRUSH COURT

CITY OXNARD

STATE CA.

ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER

AGENCY NAME ____________________________

DISTRICT NUMBER, if applicable ____________________________

PARTY: ☑ NON-PARTISAN

OFFICE JURISDICTION

☑ City  □ County  ☐ Multi-County: ____________________________

(Name of Multi-County Jurisdiction) ____________________________

(Year of Election) 2018

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  Special/runoff election

(Year of 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 FEBRUARY 14, 2018

(month, day, year) ____________________________

Signature ____________________________

(Candidate) ____________________________

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