

Candidate Intention Statement

Received
Oxnard City Clerk

Date Stamp

CALIFORNIA
FORM **501**

For Official Use Only

Check One: Initial Amendment (Explain) _____

2018 FEB 12 PM 3:39

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) VELASQUEZ ALFRED DAYTIME TELEPHONE NUMBER (805) 758-5664 FAX NUMBER (optional) () E-MAIL (optional) VELASQUEZSR@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. _____ NON-PARTISAN

OFFICE JURISDICTION _____ PARTY: _____

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 11, 2018
(month, day, year)

Signature Alfred Velasquez SR.
(Candidate)