

Candidate Intention Statement

Date Stamp Received Oxnard City 2018 MAY 16 PM 5:01	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) <u>Caganova Ambrosio</u>	DAYTIME TELEPHONE NUMBER <u>(805) 377-6507</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>abcaganova1957@gmail.com</u>
STREET ADDRESS <u>3667 Islander Walk</u>		CITY <u>Oxnard</u>	STATE <u>CA</u>
OFFICE SOUGHT (POSITION TITLE) <u>Oxnard City Council</u>		AGENCY NAME <u>Oxnard City Council</u>	DISTRICT NUMBER, if applicable. <u>1</u>
OFFICE JURISDICTION <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		<input checked="" type="checkbox"/> NON-PARTISAN PARTY: _____ (Year of Election) <u>Nov 2018</u>	

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 05/16/2018 Signature _____
 (month, day, year) (Candidate)