Candidate Intention Statement

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)        DAYTIME TELEPHONE NUMBER        FAX NUMBER (optional)        E-MAIL (optional)
Basua, Gabriela                      (805) 443-1268                        ( )                        gbasua1@yahoo.com

STREET ADDRESS                        CITY                          STATE                          ZIP CODE
3700 Dallas Drive                        Oxnard                        CA                                93033

OFFICE SOUGHT (POSITION TITLE)        AGENCY NAME        DISTRICT NUMBER, if applicable.        PARTY:
City Council                          City of Oxnard                        5                          ☒ NON-PARTISAN

OFFICE JURISDICTION:
☐ State    (Complete Part 2.)
☒ City    ☐ County    ☐ Multi-County:

2. State Candidate Expenditure Limit Statement:

(CaPERS 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)

☐ 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.

☐ 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 August 8, 2018                Signature: [Signature]
(month, day, year)                        (Candidate)