Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain)

NAME OF CANDIDATE: Castanon Francine
DAYTIME TELEPHONE NUMBER: (805) 822-3747
FAX NUMBER (optional):
E-MAIL (optional): Vote4Francine@gmail.com

STREET ADDRESS: 467 E. Camaroy St.
CITY: Oxnard
STATE: CA
ZIP CODE: 93033

OFFICE SOUGHT (POSITION TITLE): Oxnard City Council Member-City of Oxnard

OFFICE JURISDICTION:
☑ City ☐ County ☐ Multi-County: Oxnard City Council

2. State Candidate Expenditure Limit Statement:
(CalIFERS 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

☐ 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 _______ 2018 (month, day, year)

Signature ____________________________
(Candidate)