

Candidate Intention Statement

Received
Oxnard City Clerk

Date Stamp
2018 AUG -2 PM 2: 23

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Castanon Francene DAYTIME TELEPHONE NUMBER (805) 822 3747 FAX NUMBER (optional) () E-MAIL (optional) Vote 4 Francene@gmail.com
 STREET ADDRESS 404 E Kamaly St CITY Oxnard STATE CA ZIP CODE 93023
 OFFICE SOUGHT (POSITION TITLE) Oxnard City Council Member-city of Oxnard AGENCY NAME _____ DISTRICT NUMBER, if applicable. 6 NON-PARTISAN PARTY: _____
 OFFICE JURISDICTION
 State (Complete Part 2.)
 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.)

(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 8-2-18
(month, day, year)

Signature _____
(Candidate)