

Candidate Intention Statement

Date Stamp Received Oxnard City Cle	CALIFORNIA FORM 501
2018 AUG -8 PM 4: 47	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Magaña, Carolina G.</u>	DAYTIME TELEPHONE NUMBER <u>(805) 612-4925</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>gallardocsole@yahoo.com</u>
STREET ADDRESS <u>130 Carlisle Ct.</u>	CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93033</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME <u>City of Oxnard</u>	DISTRICT NUMBER, if applicable. <u>6</u>	<input type="checkbox"/> NON-PARTISAN PARTY: <u>Democrat</u>
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		<u>2018</u> (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 7/19/2018 Signature Carolina G. Magaña
(month, day, year) (Candidate)