

Candidate Intention Statement

Received Date Stamp
 Oxnard City Clerk
 2018 AUG -8 PM 1: 15

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>GARCIA-MOLEIRA, LUIS</u>	DAYTIME TELEPHONE NUMBER <u>(213) 453-0868</u>	FAX NUMBER (optional) <u>() N/A</u>	E-MAIL (optional) <u>LUIS.FOROXNARD@JUNO.COM</u>
STREET ADDRESS <u>320 W. BARR RD.</u>	CITY <u>OXNARD</u>	STATE <u>CA</u>	ZIP CODE <u>93033</u>
OFFICE SOUGHT (POSITION TITLE) <u>CITY COUNCIL MEMBER</u>	AGENCY NAME <u>CITY OF OXNARD</u>	DISTRICT NUMBER, if applicable. <u>6</u>	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		<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 AUGUST 6, 2018
 (month, day, year)

Signature _____
 (Candidate)