

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Received
 Oxnard City Clerk
 2018 AUG -6 PM 4: 25

Date Stamp	CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Hartley, Tai Marya	(805) 236-6693	()	Tai.Hartley.Oxnard@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
371 Feather River Place	Oxnard	CA	93036
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN
Council District 2	City of Oxnard	2	PARTY: Republican
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)		
		2018	(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.)

_____/_____/_____ Primary/general election _____/_____/_____ Special/runoff election
 (Year of Election) (Year of 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 Aug. 5, 2018 Signature _____
 (month, day, year) (Candidate)