Candidate Intention Statement

Check One: □ Initial  □ Amendment (Explain) __________________________

1. Candidate Information:
NAME OF CANDIDATE (Last, First, Middle Initial)  Hartley, Tai Marya
DAYTIME TELEPHONE NUMBER  ( 805 ) 236-6693  FAX NUMBER (optional) ( )
E-MAIL (optional) Tai.Hartley.Oxnard@gmail.com
STREET ADDRESS  371 Feather River Place
CITY  Oxnard
STATE  CA  ZIP CODE  93036

AGENCY NAME  City of Oxnard
DISTRICT NUMBER, if applicable  2
PARTY: Republican

OFFICE JURISDICTION
□ State (Complete Part 2.)
☒ City  □ County  □ Multi-County: __________________________
(Name of Multi-County Jurisdiction) __________________________
2018  (Year of Election)

2. State Candidate Expenditure Limit Statement:
(CalIFERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election  (Year of Election)  Special/runoff election  (Year of 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: __________________________  Signature: __________________________
(Health, day, year)  (Candidate)

FPPC Form 501 (Jan/2016)
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