

Candidate Intention Statement

Received
Oxnard City Clerk

Date Stamp

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Check One: Initial Amendment (Explain) _____

2018 AUG -7 PM 5: 26

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Lopez, Vianey, L.	DAYTIME TELEPHONE NUMBER (805) 204-7500	FAX NUMBER (optional) ()	E-MAIL (optional)
STREET ADDRESS 3004 Jackson St.	CITY Oxnard	STATE CA	ZIP CODE 93033
OFFICE SOUGHT (POSITION TITLE) Councilmember	AGENCY NAME City of Oxnard	DISTRICT NUMBER, if applicable. 6	<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)	
		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.)

(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 07/31/2018
(month, day, year)

Signature Vianey Lopez
(Candidate)