Candidate Intention Statement

1. Candidate Information:
NAME OF CANDIDATE: Lopez, Vianey L.
DAYTIME TELEPHONE NUMBER: (805) 204-7500
STREET ADDRESS: 3004 Jackson St.
CITY: Oxnard
STATE: CA
ZIP CODE: 93033
OFFICE SOUGHT (POSITION TITLE): Councilmember
AGENCY NAME: City of Oxnard
OFFICE JURISDICTION:
☐ State (Complete Part 2.)
☒ City  ☐ County  ☐ Multi-County: (Name of Multi-County Jurisdiction)

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

☐ 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 07/31/2018, Signature: Vianey Lopez

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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