

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Received
Oxnard City Clerk
2019 DEC 16 PM 3:46

Date Stamp

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Cartagena Lucy DAYTIME TELEPHONE NUMBER 805, 814-3748 FAX NUMBER (optional) _____ EMAIL (optional) lucycartagena@yahoo.com

STREET ADDRESS 545 S. E Street CITY Oxnard CA STATE CA ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable. 4 NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: City of Oxnard (Name of Multi-County Jurisdiction) PARTY PREFERENCE: Democrat (Check one box, if applicable.)

PRIMARY / GENERAL SPECIAL / RUNOFF

2020 (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.)

(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 12-16-19
(month, day, year)

Signature [Handwritten Signature]
(Candidate)