Candidate Intention Statement

Check One: □ Initial □ Amendment (Explain) □ Amendment

NAME OF CANDIDATE: Cartageno Lucy

STREET ADDRESS: 545 S E Street

CITY: Oxnard

STATE: CA

ZIP CODE: 93030

DAYTIME TELEPHONE NUMBER: (805) 844-3748

FAX NUMBER (optional):

EMAIL (optional): lucycartageno@yahoo.com

AGENCY NAME: City of Oxnard

DISTRICT NUMBER, if applicable: 4

OFFICE SOUGHT (POSITION TITLE): City Council

OFFICE JURISDICTION:

□ State (Complete Part 2.) □ City □ County □ Multi-County: City of Oxnard

(District of Multi-County Jurisdiction)

YEAR OF ELECTION: 2020

NON-PARTISAN OFFICE: □

PARTY PREFERENCE: Democrat

□ PRIMARY / GENERAL □ SPECIAL / RUNOFF

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 12-16-19

(month, day, year)

Signature: [Signature]

(Candidate)

FPPC Form 501 (August/2018)

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

www.fppc.ca.gov