Candidate Intention Statement

Check One:  ☑ Initial  ☐ Amendment  (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE  (Last, First Middle Initial)
Molina, Phillip S  (805) 988-6029

STREET ADDRESS
1723 Gabriela Drive

AGENCY NAME
Oxnard City

OFFICE SOUGHT (POSITION TITLE)
City Treasurer

DISTRICT NUMBER, if applicable  ☑ NON-PARTISAN OFFICE

CITY
Oxnard

STATE
Ca

ZIP CODE
93030

Office Jurisdiction
☐ State (Complete Part 2.)
☑ City  ☐ County  ☐ Multi-County: ____________________________

(Name of Multi-County Jurisdiction) ____________________________

(Year of Election)  ☐ 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.

(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 06 19 2020  Signature ____________________________
(month, day, year) (Candidate)

FPPC Form 501 (August/2018)
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www.fppc.ca.gov