Candidate Intention Statement

Check One: ☑ Initial  □ Amendment (Explain) —— 2023 AUG -3 AM 11:29

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
Aragon James J

DAYTIME TELEPHONE NUMBER
(805) 203 3343

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS
1864 Ribaño Dr

CITY
Oxnard

STATE
CA

ZIP CODE
93036

OFFICE SOUGHT (POSITION TITLE)
City (of Oxnard)

AGENCY NAME

DISTRICT NUMBER, if applicable
N/A

NON-PARTISAN OFFICE

PARTY PREFERENCE
(Primary/Generic)

2. State Candidate Expenditure Limit Statement:

(CaPERS 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 Aug 3, 2023

Signature

(FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov)