

Candidate Intention Statement

Date Stamp  
Oxnard City Clerk  
2020 AUG -6 PM 5:07

CALIFORNIA FORM	501
For Official Use Only	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>Chaparro, Rose</b>		DAYTIME TELEPHONE NUMBER <b>805 612-2256</b>	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS <b>1441 Quincy Street</b>		CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93033</b>
OFFICE SOUGHT (POSITION TITLE) <b>City Clerk</b>	AGENCY NAME <b>City of Oxnard</b>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<small>(Check one box, if applicable.)</small> <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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.)*

(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 8/6/2020  
(month, day, year)

Signature R. Chaparro  
(Candidate)