

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Records
Oxnard City Clerk
Date Stamp
2020 AUG -6 AM 10: 21

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) FRANK, DEIRDRE B.	DAYTIME TELEPHONE NUMBER (805) 650-1200	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS 5244 Seabreeze Way	CITY Oxnard	STATE CA	ZIP CODE 93035
OFFICE SOUGHT (POSITION TITLE) MAYOR	AGENCY NAME CITY OF OXNARD	DISTRICT NUMBER, if applicable. N/A	<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: _____ (Name of Multi-County Jurisdiction)			(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 8/6/20
(month, day, year)

Signature Deirdre Frank
(Candidate)