

# Candidate Intention Statement

Date Stamp Oxnard City Cl	<b>CALIFORNIA FORM 501</b>
2020 JUL 21 PM 2:41	For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Linares, Richard E.</u>		DAYTIME TELEPHONE NUMBER <u>(213) 435-8173</u>	FAX NUMBER (optional) <u>( ) Riandevote@richardlinares.com</u>	EMAIL (optional) <u>richardlinares.com</u>
STREET ADDRESS <u>1301 Hull Place #4</u>		CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93030</u>
OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u>	AGENCY NAME	DISTRICT NUMBER, if applicable	<input 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 type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		<u>2020</u> (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 July 21, 2020  
(month, day, year)

Signature   
(Candidate)