

Candidate Intention Statement

Place Stamp
 Oxnard City Clerk
 2020 JUL 22 PM 5:55

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Vianey Lopez	DAYTIME TELEPHONE NUMBER (805) 204-7500	FAX NUMBER (optional) ()	EMAIL (optional) Vianeyforoxnard@gmail.com
STREET ADDRESS 3004 Jackson St.	CITY Oxnard	STATE CA	ZIP CODE 93033
OFFICE SOUGHT (POSITION TITLE) Councilmember	AGENCY NAME City of Oxnard	DISTRICT NUMBER, if applicable. 6	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION			PARTY PREFERENCE: (Check one box, if applicable.)
<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)			<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 07/22/20
 (month, day, year)

Signature Vianey Lopez
 (Candidate)