

Candidate Intention Statement

Date Stamp <i>Oxnard City Clerk</i> 2020 JUL 31 PM 12: 27	CALIFORNIA FORM 501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <i>Madrigal, Oscar</i>	DAYTIME TELEPHONE NUMBER <i>(805) 290-5825</i>	FAX NUMBER (optional) <i>()</i>	EMAIL (optional) <i>omadrig07@gmail.com</i>
STREET ADDRESS <i>1722 E Second St.</i>	CITY <i>Oxnard</i>	STATE <i>CA</i>	ZIP CODE <i>93030</i>
OFFICE SOUGHT (POSITION TITLE) <i>City Council</i>	AGENCY NAME <i>City of Oxnard</i>	DISTRICT NUMBER, if applicable. <i>3</i>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.)			(Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)		<input type="checkbox"/> SPECIAL / RUNOFF
		(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.

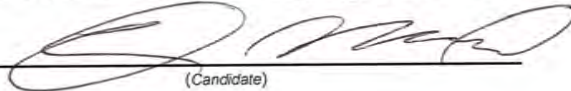
(Mark if applicable)

- 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 31, 2020
(month, day, year)

Signature 
(Candidate)