

Candidate Intention Statement

Oxnard City Clerk

Date Stamp
2020 AUG 5 AM 10:06

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Ramirez, Karla, A DAYTIME TELEPHONE NUMBER (805) 228-9388 FAX NUMBER (optional) () EMAIL (optional) Karla.alejandra.ramirez@gmail.com

STREET ADDRESS 709 Spruce St. CITY Oxnard STATE CA ZIP CODE 93033

OFFICE SOUGHT (POSITION TITLE) City Council Member District 6 AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable 6 NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) PRIMARY / GENERAL

City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2020 (Year of Election) 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 08/04/2020 (month, day, year) Signature Karla Alex Ramirez (Candidate)