

Candidate Intention Statement

Date Stamp: AUG 17 2016 City Clerk UT. CALIFORNIA FORM 501 For Official Use Only

Check One: [x] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE: Flores-Haro, Genevieve G. DAYTIME TELEPHONE NUMBER: (805) 351-2010 FAX NUMBER: ( ) E-MAIL: GFH4OCC@gmail.com STREET ADDRESS: 1937 Lago Ln CITY: Oxnard STATE: CA ZIP CODE: 93036 OFFICE SOUGHT: Oxnard City Councilmember AGENCY NAME: City of Oxnard DISTRICT NUMBER: [ ] NON-PARTISAN PARTY: OFFICE JURISDICTION: [ ] State [x] City [ ] County [ ] Multi-County: 2016 (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.)

Primary/general election Special/runoff election

(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 August 16, 2016 (month, day, year)

Signature Genevieve Flores-Haro (Candidate)