

Candidate Intention Statement

Received
Oxnard City Clerk

Date Stamp
2020 AUG -3 AM 11:29

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Aragon, James J</u>	DAYTIME TELEPHONE NUMBER <u>(949) 263 3343</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional)
STREET ADDRESS <u>1864 Ribera Dr</u>		CITY <u>Oxnard, CA</u>	STATE ZIP CODE <u>93030</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Treasurer</u>	AGENCY NAME <u>City of Oxnard</u>	DISTRICT NUMBER, if applicable. <u>N/A</u>	<input checked="" 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 checked="" 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 August 3 2020 Signature _____
 (month, day, year) (Candidate)