

Candidate Intention Statement

Date Stamp Receive Oxnard City Clerk 2020 JAN -6 AM 11:02	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ASCENCION, MICHELLE K.	DAYTIME TELEPHONE NUMBER (805) 212-0166	FAX NUMBER (optional) ()	EMAIL (optional) michelle4oxnardcityclerk@gmail.com
STREET ADDRESS 1981 JEFFREYS PLACE	CITY OXNARD	STATE CA	ZIP CODE 93033
OFFICE SOUGHT (POSITION TITLE) CITY CLERK	AGENCY NAME CITY OF OXNARD	DISTRICT NUMBER, if applicable. n/a	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
OFFICE JURISDICTION			
<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) _____ (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.

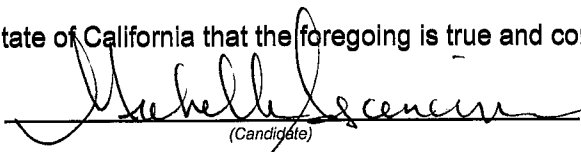
(Mark if applicable)

- 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 01/06/2020
(month, day, year)

Signature 
(Candidate)