

Candidate Intention Statement

Date Stamp
Oxnard City Clerk

2020 AUG -6 PM 5:07

CALIFORNIA FORM	501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Chaparro, Rose</u>	DAYTIME TELEPHONE NUMBER <u>805 612-2256</u> ()	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93033</u>
OFFICE POSITION (Common Title) <u>City Clerk</u>	CITY OF <u>City of Oxnard</u>		DISTRICT NUMBER, if applicable
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)			<input checked="" type="checkbox"/> NON-PARTISAN OFFICE (Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <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 8/6/2020
(month, day, year)

Signature [REDACTED]
(Candidate)