

Candidate Intention Statement

Date Stamp Oxnard City Cl	CALIFORNIA FORM 501
2020 JUL 21 PM 2:41	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Linares, Richard E. DAYTIME TELEPHONE NUMBER (213) 435-8173 FAX NUMBER (optional) () RichardVote@richardlinares.com EMAIL (optional) RichardVote@richardlinares.com

STREET ADDRESS _____ CITY Oxnard STATE CA ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: _____
(Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2020 (Year of Election) PRIMARY / GENERAL 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 July 21, 2020 Signature _____
(month, day, year) (Candidate)