

Candidate Intention Statement

Oxnard City Clerk

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

2020 JUL 31 PM 12: 27

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Madrigal, Oscar DAYTIME TELEPHONE NUMBER (805) 290-5825 FAX NUMBER (optional) () EMAIL (optional) omdrig07@gmail.com

STREET ADDRESS [REDACTED] CITY Oxnard STATE CA ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable. 3 NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) PRIMARY / GENERAL

City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 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 31, 2020 (month, day, year)

Signature [REDACTED] (Candidate)