

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
For Official Use Only	
CITY OF OXNARD CITY CLERK	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

2016 JUN 16 P 1:21

NAME OF CANDIDATE (Last, First, Middle Initial) Lopez, Miguel DAYTIME TELEPHONE NUMBER () () FAX NUMBER (optional) () E-MAIL (optional)

STREET ADDRESS 1237 S. Victoria Ave. #191 CITY oxnard STATE CA. ZIP CODE 93035

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____ (Name of Multi-County Jurisdiction)

2016
(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.)

_____ Primary/general election _____ Special/runoff election
 (Year of Election) (Year of Election)

(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 6/16/16
 (month, day, year)

Signature Miguel Lopez
 (Candidate)