Candidate Intention Statement  Check One: ☐ Amendment (Explain)		Received FORM 501  California 501  California 501  FORM For Official Use Only
		2018 JAN -2 PM 2: 28
1. Candidate Information:		
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)
Ramirez, Carmen	( 805 ) 216-7362	( ) carmen4oxnard@gmail.com
STREET ADDRESS	CITY	STATE ZIP CODE
2081 N. Oxnard Blvd #150 OFFICE SOUGHT (POSITION TITLE) AG	Oxnard SENCY NAME	CA 93036  DISTRICT NUMBER, if applicable.
		Research 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Oxnard City Council member C	City of Oxnard	PARTY:
State (Complete Part 2.)		
⊠ City    □ County    □ Multi-County:	(Name of Multi-County Jurisdiction)	
(CalPERS and CalSTRS candidates, judges, judicial candidates, a  (Year of Election)  (Check one box)  I accept the voluntary expenditure ceiling for	(Year of Election) Special/runoff election the election stated above.	
Amendment:  O I did not exceed the expenditure ceiling the general or special run-off election.	in the primary or special election held on:/.	and I accept the voluntary expenditure ceiling for
(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 la	aws of the State of California that the foregoing	g is true and correct.
Executed on January 2, 2018 (month, day, year)	Signature Carne Gandidate)	FPPC Form 501 (Jan/2

016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov