

Candidate Intention Statement

Received Date Stamp
Oxnard City Clerk

CALIFORNIA FORM 501

Check One: Initial Amendment (Explain) _____

2018 JUL 16 PM 3:03

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Carmen Ramirez		DAYTIME TELEPHONE NUMBER (805) 216-7362	FAX NUMBER (optional) ()	E-MAIL (optional) carmen4oxnard@gmail.com
STREET ADDRESS 631 Ivywood Drive,		CITY Oxnard	STATE CA	ZIP CODE 93030
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME	DISTRICT NUMBER, if applicable. 2	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:	
OFFICE JURISDICTION <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)		2018 (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.)

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

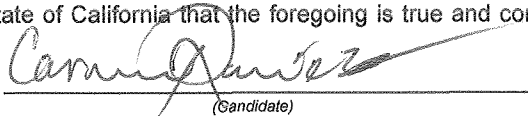
(Mark if applicable)

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 July 16, 2018
(month, day, year)

Signature 
(Candidate)