

Candidate Intention Statement

Received
Oxnard City Clerk

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2019 NOV 13 AM 8:37

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

ZARAGOZA, JOHN C.

DAYTIME TELEPHONE NUMBER

(805) 797-6158

FAX NUMBER (optional)

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EMAIL (optional)

CITY

OXNARD

STATE

CA

ZIP CODE

93036

OFFICE SOUGHT (POSITION TITLE)

MAYOR

AGENCY NAME

CITY OF OXNARD

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2020

(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.)

(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 NOV. 6, 2019
(month, day, year)

Signature John C Zaragoza
(Candidate)