

# Candidate Intention Statement

Date Stamp JUL 06 2016 1:15 pm	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
 \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Chavez Jr, Daniel	( 805 ) 741-8202	( )	chavezforoxnard@outlook.com
STREET ADDRESS	CITY	STATE	ZIP CODE
1920 W Hemlock St	Oxnard	CA	93035
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council	City of Oxnard		PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	City of Oxnard	2016	
	(Name of Multi-County Jurisdiction)	(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.

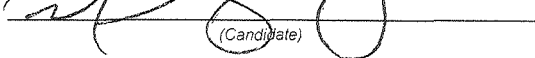
*(Mark if applicable)*

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 06/29/2016  
*(month, day, year)*

Signature   
*(Candidate)*