

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Date Stamp CITY OF OXNARD JUN 24 2016	<b>CALIFORNIA FORM 501</b> For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Villa Jack R. DAYTIME TELEPHONE NUMBER (805) 832 2522 FAX NUMBER (optional) ( ) E-MAIL (optional) jjvillatnight@yahoo.com

STREET ADDRESS 653 South F St CITY Oxnard STATE CA ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) Oxnard City Council Member 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.)

2016 Primary/general election (Year of Election) \_\_\_\_\_ Special/runoff 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 6-24-16 (month, day, year)

Signature [Handwritten Signature] (Candidate)