

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:

Initial

Amendment (Explain) _____

Date Stamp CITY OF OXNARD CITY CLERK 2012 MAY 21 P 3:48	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) THIBEAULT, DONALD W. DAYTIME TELEPHONE NUMBER 805) 985 3488 () FAX NUMBER (optional) _____ E-MAIL (optional) THIBEAUDON@AOL.COM

STREET ADDRESS 2601 LIONS GATE DR, OXNARD CITY _____ STATE CA. ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) MAYOR AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2012 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general 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 5/21/12
(month, day, year)

Signature Donald W. Thibault
(Candidate)