

# Candidate Intention Statement

Type or Print in Ink.

Date Stamp CITY OF OXNARD CITY CLERK 2012 JUN 12 11:00	<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) <u>FORD, DE SHAY, DAVID</u>	DAYTIME TELEPHONE NUMBER <u>(805) 832-4106</u>	FAX NUMBER (optional) <u>( )</u>	E-MAIL (optional) <u>Ford.Rachel322@gmail.com</u>
STREET ADDRESS <u>714 Pivot Pointway, Oxnard, CA 93035</u>	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>Oxnard Council</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<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)	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.)

2012 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 6/12/2012  
(month, day, year)

Signature DeShay D. Ford  
(Candidate)