

**Candidate Intention Statement**

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp	<b>CALIFORNIA FORM 501</b>
CITY OF OYAMA CITY CLERK	For Official Use Only
2012 JUN 12 A 11:52	

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

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) JAQUEZ, DICK D. DAYTIME TELEPHONE NUMBER 805 758-4533 FAX NUMBER (optional) ( ) E-MAIL (optional) info@dickjaquez.com

STREET ADDRESS 1300 Rachel Dr. Oxnard, Ca CITY Oxnard STATE Ca ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) CITY Council AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable.  NON-PARTISAN PARTY: \_\_\_\_\_

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

**2. State Candidate Expenditure Limit Statement:**

(Candidates for statewide office are not required to complete Part 2 until 11/6/02. CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Primary/general election \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Special/runoff election  
 (Year of 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.

**Voluntary Expenditure Ceilings:**

(Gov. Code Section 85400)

Office	Primary or Special	General or Special Run-off
(Effective 1/1/01)		
Assembly	\$400,000	\$700,000
Senate	\$600,000	\$900,000
(Effective 11/6/02)		
Board of Equalization	\$1,000,000	\$1,500,000
Governor	\$6,000,000	\$10,000,000
Lieutenant Governor, Attorney General, Insurance Commissioner, Controller, Secretary of State, Supt. of Public Instruction, Treasurer	\$4,000,000	\$6,000,000

**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 4/8/12  
 (month, day, year)

Signature [Signature]  
 (Candidate)