

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp
CITY OF OXNARD
2012 JUL 17 P 3:24

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Martin Jones
DAYTIME TELEPHONE NUMBER ( 805 ) 624 6883
FAX NUMBER (optional) ( )
E-MAIL (optional) jonesfortreasurer2012@gmail.com
STREET ADDRESS 3630 Avocado Ln
CITY Oxnard
STATE ca
ZIP CODE 93033
OFFICE SOUGHT (POSITION TITLE) treasurer
AGENCY NAME
DISTRICT NUMBER, if applicable.
[ ] NON-PARTISAN
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County:
(Name of Multi-County Jurisdiction)
2012 (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.)

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.

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 07/17/2012
(month, day, year)

Signature Martin Jones
(Candidate)