Candidate Intention Statement			Type or Print in Ink.			Date Stamp		CALIFORNIA 501	
Check One: ⊠∣	nitial	☐Amendment (E	xplain)	lain)		FORIVI			
						2013 FEB 19		P 5: 19	
1. Candidate Inform	nation:	Horau III. Saada aa aa aa ah							
NAME OF CANDIDATE (Last, Fi	rst, Middle Initial)		DAYT	IME TELEPHONE NUMBER	FAX N	UMBER (optional)	E-MAIL	(optional)	
Dozier, Orlando, J.			(80	5 ₎ 351-3770	()	newo	xnard@gmail.com	
STREET ADDRESS			CITY	£		STATE	ZIP CO	DE	
437 Forest Park Blvd			Oxna	ard		CA	9303	86	
OFFICE SOUGHT (POSITION T	ITLE)	AGENCY	NAME			DISTRICT NUMBER,	if applicable.	☑ NON-PARTISAN	
Oxnard City Councilma	an							PARTY:	
OFFICE JURISDICTION									
State (Complete Part 2.)						20	13		
	☐ Multi-	County:	(Name of	Multi-County Jurisdiction)		(Year of	Election)		
(Check one box) I accept the volun I do not accept th Amendment:	ne voluntary	ture ceiling for the e expenditure ceiling t enditure ceiling in th	election stated at	stated above.		and I accep	t the volur	ntary expenditure ceiling for	
(Mark if applicable)	, I contrik	outed personal funds	s in excess of th	e expenditure ceiling for	r the electic	on stated above.			
3. Verification: I certify under pena	lty of perjur Jan 23, 20	13	of the State of	Palifornia that the fore	gọing is tru	ue and correct.		ot personnel til kild står de kvander her kresse sakreti står det de de til en de til en det til her det med u	
	(month, day, yea	r)	• ,	(Candidate)				FPPC Form 501 (April/2011	

FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

CANDIDATE INTENTION STATEMENT