Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: Initial Amendment (Explain)	· CHY CRIM	For Official Use Only
4. O		2013 MAR - 6 A 11:	31
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAI	L (optional)
Vazguez (ano Manuel	(805) 754-1008	() STATE ZIP C	ODE
3206 Circle Drive	Oxnard	CA	93033
OFFICE SOUGHT (POSITION TITLE) AGENCY NAM CITY OUNCE CITY		DISTRICT NUMBER, if applicable	PARTY:
OFFICE JURNSDICTION	•		
☐ State (Complete Part 2.) City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	
(Year of Election) Primary/general election (Year of Election)	Special/runoff election		
(Check one box) I accept the voluntary expenditure ceiling for the election	on stated above.		
I do not accept the voluntary expenditure ceiling for the Amendment:	ne election stated above.		
O I did not exceed the expenditure ceiling in the protection the general or special run-off election.	imary or special election held on:/_	/ and I accept the volu	untary expenditure ceiling for
(Mark if applicable)			
On/, I contributed personal funds in a	excess of the expenditure ceiling for the	election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the	e State of California that the foregoing	is true and correct.	
Executed on 03101 2013 , Signa	iture (Candidate)		

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

CANDIDATE INTENTION STATEMENT