

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp	CALIFORNIA FORM 501
CITY OF OXNARD CITY CLERK	For Official Use Only
2012 MAY 14 P 3:38	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DOZIER, ORLANDO, J. DAYTIME TELEPHONE NUMBER (805) 983-4591 FAX NUMBER (optional) () E-MAIL (optional) 040NEWS@GMAIL.COM

STREET ADDRESS 437 FOREST PARK BLVD CITY OXNARD STATE CA. ZIP CODE 93030

OFFICE SOUGHT (POSITION TITLE) OXNARD CITY COUNCILMAN AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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.)

____ 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 may 14, 2012
(month, day, year)

Signature [Handwritten Signature]
(Candidate)