Candidate Intention Statement	Type or Print in Ink.	Date Sta	CALIFORNIA 501
Check One: ☑Initial ☐Amendment	(Explain)		For Official Use Only
			2012 JUN 26 A 8: 26
1. Candidate Information:			The state of the s
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Danielle 'Danie' Navas	(805) 385-7808	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
3500 Taffrail Lane	Oxnard	CA	93035
•	CY NAME	DISTRICT NUMBER, I	if applicable. NON-PARTISAN
	of Oxnard		PARTY:
OFFICE JURISDICTION State (Complete Part 2.)			- /
		201	2 PM
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of E	lection)
(Year of Election) Primary/general election (Check one box) I accept the voluntary expenditure ceiling for the	Special/runoff election e election stated above.		
I do not accept the voluntary expenditure ceiling Amendment:			
O I did not exceed the expenditure ceiling in the general or special run-off election.	the primary or special election held on:/	/ and I accept	the voluntary expenditure ceiling for
(Mark if applicable)			
On/, I contributed personal fur	nds in excess of the expenditure ceiling for the	election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws	s of the State of California that the foregoin	g is true and correct.	
Executed on June 25, 2012	Signature Wantelle Ma 1	aves	