

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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

Date Stamp

2011 AUG -6 P 4: 59

1. Candidate Information:

NAME OF CANDIDATE: Jaquez Dick; DAYTIME TELEPHONE NUMBER: 805 758-4533; FAX NUMBER: (); E-MAIL: info@dickjaquez.com; STREET ADDRESS: 1300 Rachel Dr.; CITY: Oxnard; STATE: Ca; ZIP CODE: 93030; OFFICE SOUGHT: CITY Council; AGENCY NAME: ; DISTRICT NUMBER: ; PARTY: NON-PARTISAN; OFFICE JURISDICTION: [] State, [X] City, [] County, [] Multi-County.

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 (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 7/3/14 (month, day, year)

Signature [Handwritten Signature] (Candidate)