Candidate Intention Statement

Check One:  □ Initial  □ Amendment  (Explain)  

Jonathan Wagoner
622 Northport Lane
Oxnard
CA 93035

STATEMENT
NAME OF CANDIDATE (Last, First, Middle Initial)  Jonathan Wagoner
DAYTIME TELEPHONE NUMBER  (805) 701-6864
FAX NUMBER (optional)  
E-MAIL (optional) jonathan@jwhomecare.com
STREET ADDRESS  622 Northport Lane
CITY  Oxnard
STATE  CA
ZIP CODE  93035
OFFICE SOUGHT (POSITION TITLE)  Oxnard City Council Member
AGENCY NAME  City of Oxnard
OFFICE JURISDICTION  ☒ City  ☐ County  ☐ Multi-County:  
(District Number, if applicable)  
PARTY:  ☐ NON-PARTISAN

1. Candidate Information:

2. State Candidate Expenditure Limit Statement:

   (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

   (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 12/19/2013 (month, day, year)  Signature  

   (Candidate)  

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