

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp
CITY OF OXNARD
CITY CLERK
2013 DEC 19 P 4:13

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

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) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:
Oxnard City Council Member City of oxnard
OFFICE JURISDICTION
 State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

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

(Year of Election) Primary/general 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.

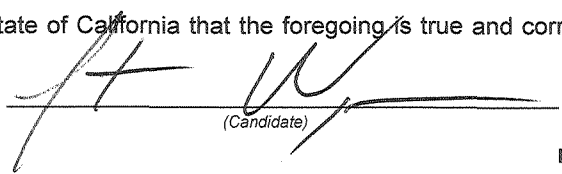
(Mark if applicable)

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

Signature 
(Candidate)