

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

2013 MAR -6 P 3:28

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Martin Jones
DAYTIME TELEPHONE NUMBER (805) 624-6883
FAX NUMBER (optional) ()
E-MAIL (optional)
STREET ADDRESS 3630 Avocado Lane
CITY Oxnard
STATE CA
ZIP CODE 93033
OFFICE SOUGHT (POSITION TITLE) City Council
AGENCY NAME City of Oxnard, CA
DISTRICT NUMBER, if applicable.
NON-PARTISAN [X]
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: Oxnard
(Name of Multi-County Jurisdiction)
2013
(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.)

Primary/general election Special/runoff election
(Year of 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 02/27/2013
(month, day, year)

Signature Martin O. Jones
(Candidate)