

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Date Stamp CITY OF OXNARD CITY CLERK 2013 DEC -2 A 11: 23	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Parker Nathan J	DAYTIME TELEPHONE NUMBER (805) 616-4796	FAX NUMBER (optional) ()	E-MAIL (optional) Nathan.James.Parker@aol.com
STREET ADDRESS 13 Carriage Square	CITY Oxnard	STATE Ca	ZIP CODE 93030
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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** _____
(Year of Election) **Special/runoff 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 11/27/2013 Signature 
(month, day, year) (Candidate)