

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Date Stamp <b>CITY OF OXNARD CITY CLERK</b>  2013 JAN 23 P 1:38	<b>CALIFORNIA FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Olivares, Jo Ann	DAYTIME TELEPHONE NUMBER ( 805 ) 488-0981 ext. 114	FAX NUMBER (optional) ( )	E-MAIL (optional) Olivares4Oxnard2013@gmail.com
STREET ADDRESS 2304 Mint Way	CITY Oxnard	STATE CA	ZIP CODE 93036
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME City of Oxnard	DISTRICT NUMBER, if applicable.	<input checked="" 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: _____ <small>(Name of Multi-County Jurisdiction)</small>		2013 <small>(Year of Election)</small>	

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

\_\_\_\_\_  
(Year of Election) Primary/general election      2013  
(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.

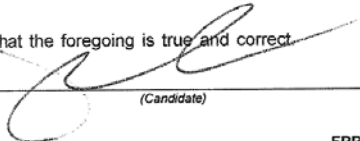
(Mark if applicable)

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 January 23, 2013  
(month, day, year)

Signature   
(Candidate)