Candidate Intention Statement

Check One: □ Initial  □ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
Huber, Stephen H.  (805) 509-9214  (805) 351-5734  steve4oxnard@gmail.com

STREET ADDRESS  CITY  STATE  ZIP CODE
1411 Ebony Drive  Oxnard  CA  93030

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME
City Council  City of Oxnard

OFFICE JURISDICTION
☒ State  ☐ City  ☐ County  ☐ Multi-County: City of Oxnard

(Year of Election)  PARTY:
2016  ☒ NON-PARTISAN

2. State Candidate Expenditure Limit Statement:
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ 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.

☐ 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 07/20/2016  Signature  
(month, day, year)  (Candidate)