Candidate Intention Statement

Check One: ✗ Initial   □ Amendment (Explain)  ____________________________

1. Candidate Information:

NAME OF CANDIDATE: Jones AL

STREET ADDRESS: 5218 Moonstone Way

CITY: Oxnard

STATE: CA

ZIP CODE: 93035

OFFICE SOUGHT (POSITION TITLE): City Treasurer

AGENCY NAME: Oxnard City Treasurer

DISTRICT NUMBER, if applicable: NA

PARTY: NON-PARTISAN

2. State Candidate Expenditure Limit Statement:

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

Year of Election: 2016

Primary/general election         Special/runoff election

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 8/10/10

Signature ____________________________

(Candidate)

Date Stamp: AUG 16 2016

City Clerk

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov