Candidate Intention Statement

Date Stamp Oxnard

For Official Use Only

2016 DEC 21 PM 2: 51

Check One: ☒ Initial   ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Chavez Jr, Daniel

DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
(805) 946-3516	( )	info@danielchavezjr.com

STREET ADDRESS

1920 W Hemlock St

CITY	STATE	ZIP CODE
Oxnard	CA	93035

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN
City Council	City of Oxnard		PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City   ☐ County   ☐ Multi-County: City of Oxnard _____
(Name of Multi-County Jurisdiction)

2018
(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.
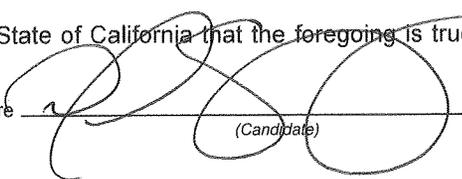
(Mark if applicable)

☐ 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 _____ **12/21/2016** _____, Signature _____
              (month, day, year)   (Candidate)