Candidate Intention Statement

Check One:  □ Initial  □ Amendment (Explain)  Change of Election Year.

NAME OF CANDIDATE: Chavez Jr. Daniel
DAYTIME TELEPHONE NUMBER: (805) 946-3516
FAX NUMBER (optional): ( )
E-MAIL (optional): info@danielchavezjr.com
STREET ADDRESS: 1920 W Hemlock St
CITY: Oxnard
STATE: CA
ZIP CODE: 93035
OFFICE SOUGHT (POSITION TITLE): City Council
AGENCY NAME: City of Oxnard
DISTRICT NUMBER, if applicable: 4
PARTY: NON-PARTISAN
OFFICE JURISDICTION:
□ State (Complete Part 2.)
□ City □ County □ Multi-County: City of Oxnard
(NAME OF MULTI-COUNTY JURISDICTION)
(Year of Election)
2020

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
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.

(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 05/24/2018
(month, day, year)
Signature __________________________
(Candidate)