Candidate Intention Statement		Oxnard City Cler	california 501
Check One: ☐ Initial ☑ Amer	ndment (Explain) Change of Election Year.	2018 MAY 24 AN 11: 59	For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBE	R FAX NUMBER (optional)	E-MAIL (optional)
Chavez Jr, Daniel	(805)946-3516	()	info@danielchavezjr.com
TREET ADDRESS	CITY	STATE	ZIP CODE
1920 W Hemlock St PFFICE SOUGHT (POSITION TITLE)	Oxnard AGENCY NAME	CA DISTRICT NUMBER, if a	93035
,			applicable. 区 NON-PARTISAN
City Council DEFICE JURISDICTION	City of Oxnard	4	PARTY:
State (Complete Part 2.)			
☑ City ☐ County ☐ Multi-County:	City of Oxnard (Name of Multi-County Jurisdiction)	2020 (Year of Elec	
(Check one box)	(Year of Election) Special/runoff election		
☐ I accept the voluntary expenditure ceiling ☐ I do not accept the voluntary expenditure Amendment: ☐ I did not exceed the expenditure of the general or special run-off elections.	are ceiling for the election stated above.	/ and I accept th	ne voluntary expenditure ceiling for
(Mark if applicable)	And the state of t		
, , ,	sonal funds in excess of the expenditure ceiling	for the election stated above.	
. Verification:			· · · · · · · · · · · · · · · · · · ·
I certify under penalty of perjury under	the laws of the State of California that the fo	regoing is true and correct.	
Executed on	, Signature (Candidate,	,	FPPC Form 501 (Jan/ FPPC Advice: advice@fppc.ca.gov (866/275-

www.fppc.ca.gov