Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment (Explain) 

1. Candidate Information:

NAME OF CANDIDATE: Villa, Jack R
DAYTIME TELEPHONE NUMBER: 605-832-2522
FAX NUMBER (optional): 
EMAIL (optional): 
STREET ADDRESS: 653 South F St.
CITY: Oxnard
STATE: CA
ZIP CODE: 93030
OFFICE SOUGHT (POSITION TITLE): Council Member 4th District
AGENCY NAME: Oxnard
DISTRICT NUMBER, if applicable: 4th
PARTY PREFERENCE: ☐ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF
OFFICE JURISDICTION: ☒ City ☐ County ☐ Multi-County
(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.)

☐ 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 7/30/2020
Signature [Candidate]

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov