

Candidate Intention Statement

Date Stamp <i>Received</i> <i>Oxnard City Cl</i>	CALIFORNIA FORM 501
2020 AUG -4 PM 5: 9	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Villa, Jack R</u>		DAYTIME TELEPHONE NUMBER <u>805) 832-2522</u>	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS <u>653 South F St.</u>		CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93030</u>
OFFICE SOUGHT (POSITION TITLE) <u>Council Member 4th District</u>	AGENCY NAME <u>Oxnard</u>	DISTRICT NUMBER, if applicable <u>4th</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		2020 (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.)

(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 7/30/2020 Signature *JAV*
(month, day, year) (Candidate)