

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

CITY OF OXNARD
2012 OCT 5 P 11:09

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: Flynn, Tim, B. DAYTIME TELEPHONE NUMBER: (805) 340-1922 FAX NUMBER: () E-MAIL: timbflynn@gmail.com
STREET ADDRESS: 211 North F Street CITY: Oxnard STATE: CA ZIP CODE: 93030
OFFICE SOUGHT (POSITION TITLE): AGENCY NAME: DISTRICT NUMBER, if applicable: [] NON-PARTISAN PARTY:
OFFICE JURISDICTION: [] State [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2012 (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.)

2012 Primary/general election Special/runoff election
(Year of Election) (Year of Election)

(Check one box)

[X] 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 8/10/12 (month, day, year)

Signature Timothy B Flynn (Candidate)