

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

CITY OF OXNARD CITY CLERK

2012 APR -2 P 2:17

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MacDonalD, Bryan A DAYTIME TELEPHONE NUMBER (805) 857-5236 FAX NUMBER (optional) (805) 487-3820 E-MAIL (optional) STREET ADDRESS 355 South G Street CITY Oxnard STATE CA ZIP CODE 93030 OFFICE SOUGHT (POSITION TITLE) Oxnard City Council AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable. [X] NON-PARTISAN PARTY: OFFICE JURISDICTION [] State (Complete Part 2.) [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.)

Primary/general election Special/runoff election

(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 04/02/2012 (month, day, year)

Signature [Handwritten Signature] (Candidate)