

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: [] Initial [X] Amendment (Explain) Successor to Flynn for Mayor 2008, Flynn for Mayor, 2012 #1311191, FLYNN FOR MAYOR 2014

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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Flynn, Tim. B. DAYTIME TELEPHONE NUMBER (805) 340-1922 FAX NUMBER (optional) () E-MAIL (optional) timbflynn@gmail.com STREET ADDRESS 211 North F Street CITY Oxnard STATE CA ZIP CODE 93030 OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable. [X] NON-PARTISAN PARTY: OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: City of Oxnard (Name of Multi-County Jurisdiction) 2014 (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 August 5, 2014 (month, day, year)

Signature Timothy B Flynn (Candidate)