

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

Date Stamp
2014 AUG -6 P 4:00

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) LINDA R. LINDEMANN DAYTIME TELEPHONE NUMBER (805) 604-1700 FAX NUMBER (optional) () E-MAIL (optional) LINDARL@VERIZON.NET
STREET ADDRESS 1250 OSTRICH HILL RD OXNARD, CA 93036 CITY STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME OFFICE JURISDICTION DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:
 State (Complete Part 2.) City County Multi-County: 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.)

11-4-2014 Primary/general election (Year of Election) Special/runoff election (Year of 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 8-6-2014 (month, day, year) Signature Linda R. Lindemann (Candidate)