Candidate Intention Statement

Check One: ☐ Amendment (Explain) ☐

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
LINDA R. LINDENMANN
DAYTIME TELEPHONE NUMBER
(805) 604-1702
FAX NUMBER (optional)
E-MAIL (optional)
LINDARL@VERIZON.NET
STREET ADDRESS
1250 OSTRICH HILL RD
CITY
OXNARD
STATE
CA
ZIP CODE
93036

OFFICE SOUGHT (POSITION TITLE)
COUNCIL MEMBER
AGENCY NAME

DISTRICT NUMBER, if applicable.

PARTY:

☐ PARTISAN

☐ NON-PARTISAN

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☐ City ☐ County ☐ Multi-County: OXNARD

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
Special/runoff election

☐ 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.

☐ 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

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)