

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

2014 MAY 12 A 9:19

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) ( ) E-MAIL (optional) STREET ADDRESS 355 South G Street CITY Oxnard STATE CA ZIP CODE 93030-5219 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: (Name of Multi-County Jurisdiction) (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.)

(Year of Election) Primary/general election (Year of 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 5-12-2014 (month, day, year) Signature [Handwritten Signature] (Candidate)