

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

2014 MAY -8 P 3:53

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Stein, Lawrence P
DAYTIME TELEPHONE NUMBER (805) 486-6799
FAX NUMBER (optional) ()
E-MAIL (optional)
STREET ADDRESS 1965 Falkner Place
CITY Oxnard
STATE CA
ZIP CODE 93033
OFFICE SOUGHT (POSITION TITLE) Mayor
AGENCY NAME City of Oxnard, CA
DISTRICT NUMBER, if applicable.
[] NON-PARTISAN
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: _____
(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 (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 05/08/2014
(month, day, year)

Signature [Handwritten Signature]
(Candidate)