Candidate Intention Statement

Check One:  ☒ 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)  MacDonald4Council@GMail.Com
STREET ADDRESS  355 South G Street
CITY Oxnard  STATE CA  ZIP CODE  93030-5219
OFFICE SOUGHT (POSITION TITLE)  Councilman
AGENCY NAME  City of Oxnard
DISTRICT NUMBER, if applicable  1181  PARTY:  NON-PARTISAN

OFFICE JURISDICTION
☐ State  ☐ City  ☐ County  ☐ Multi-County: (Name of Multi-County Jurisdiction)  2016

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

<table>
<thead>
<tr>
<th>Primary/general election</th>
<th>Special/runoff election</th>
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<tr>
<td>(Year of Election)</td>
<td>(Year of Election)</td>
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(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 4-21-2016  Signature  (Candidate)