

# Candidate Intention Statement

Date Stamp <b>CITY OF OXNARD CITY CLERK</b>  2016 MAR 24 P 4: 19	<b>CALIFORNIA FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <b>Tim Flynn</b>	DAYTIME TELEPHONE NUMBER <b>( 805 ) 340-1922</b>	FAX NUMBER (optional) <b>( )</b>	E-MAIL (optional) <b>timbflynn@gmail.com</b>
STREET ADDRESS <b>211 N F St</b>	CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>
OFFICE SOUGHT (POSITION TITLE) <b>Mayor</b>	AGENCY NAME <b>City of Oxnard</b>	DISTRICT NUMBER, if applicable. <b>na</b>	<input checked="" type="checkbox"/> NON-PARTISAN  PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <b>na</b>	(Name of Multi-County Jurisdiction)	<b>2016</b>	(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 March 17, 2016  
(month, day, year)

Signature Tim Flynn  
(Candidate)