

Candidate Intention Statement

Received
Oxnard City Clerk
 2018 MAR -1 AM 11: 18

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Flynn, Timothy B.		DAYTIME TELEPHONE NUMBER (805) 340-1922	FAX NUMBER (optional) ()	E-MAIL (optional) timbflynn@gmail.com
STREET ADDRESS 211 N F St.		CITY Oxnard	STATE CA	ZIP CODE 93030
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME City of Oxnard	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)				
2018 (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 28 February 2018
(month, day, year)

Signature 
(Candidate)