Candidate Intention Statement

Check One:  Initial  □Amendment  (Explain) __________________________

______

1. Candidate Information:

NAME OF CANDIDATE  (Last, First, Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
Flynn, Timothy B.  (805) 340-1922  ( )  timbflynn@gmail.com

STREET ADDRESS  CITY  STATE  ZIP CODE
211 N F St  Oxnard  CA  93030

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME
Mayor  City of Oxnard

DISTRICT NUMBER, if applicable.  NON-PARTISAN

PARTY:

□ State  (Complete Part 2.)

☒ City  ☐ County  ☐ Multi-County: __________________________  (Name of Multi-County Jurisdiction)  2018

(Year of Election)

□ 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.

□ On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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)

☐ 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.

☐ 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)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov