

# Candidate Intention Statement

Date Stamp Received Oxnard City Cl...	<b>CALIFORNIA</b> <b>FORM 501</b> <small>For Official Use Only</small>
2018 JUL 17 PM 3: 13	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <b>Flynn Tim B.</b>	DAYTIME TELEPHONE NUMBER <b>( 805 ) 340-1922</b>	FAX NUMBER (optional) <b>( )</b>	E-MAIL (optional)
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.	<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: _____ <small>(Name of Multi-County Jurisdiction)</small>		<b>2018</b> <small>(Year of Election)</small>	

## 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 Jul 16 2018  
(month, day, year)

Signature   
(Candidate)