

Candidate Intention Statement

Received
Oxnard City Clerk
Date Stamp
2020 JAN -7 PM 1: 24

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
MacDonald, Bryan A		(805) 857-5236	()	
STREET ADDRESS		CITY	STATE	ZIP CODE
355 South G Street		Oxnard	CA	93030-5219
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
Councilman	City of Oxnard	Four	PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County: _____	2020	<input type="checkbox"/> SPECIAL / RUNOFF
		(Name of Multi-County Jurisdiction)	(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.)

(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 January 7, 2020
(month, day, year)

Signature 
(Candidate)