

Candidate Intention Statement

Received Date Stamp
Oxnard City Clerk

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

2018 AUG -6 PM 2: 25

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **Lawrence Paul Stein** NUMBER [REDACTED] FAX NUMBER (optional) () CA E-MAIL (optional) **OxnardActivist@aol.com**

STREET ADDRESS [REDACTED] CITY **Oxnard** STATE **CA** ZIP CODE **93033**

OFFICE SOUGHT (POSITION TITLE) **Oxnard City Council** AGENCY NAME **Oxnard City Council** DISTRICT NUMBER, if applicable. **5** NON-PARTISAN PARTY:

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (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.)

(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 07/30/2018 Signature 
(month, day, year) (Candidate)