

Candidate Intention Statement

SAN BUENA VENTURA CITY CLERK Date Stamp 18 JUN 26 P 2:55 CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Monahan, Jim DAYTIME TELEPHONE NUMBER (805) 340-1356 FAX NUMBER (optional) () E-MAIL (optional) jim.monahan@att.net STREET ADDRESS CITY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) City Councilmember AGENCY NAME City of Ventura (San Buenaventura) DISTRICT NUMBER, if applicable. 6 [X] NON-PARTISAN PARTY: OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] 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 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 information provided is true and correct.

Executed on June 26, 2018 (month, day, year)

Signature [Redacted]