

Candidate Intention Statement

Date Stamp SAN BUENA VENTURA CITY CLERK	CALIFORNIA FORM <b>501</b>
18 JUL -9 P1:09	For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Brown, Lorrie L DAYTIME TELEPHONE NUMBER (805) 336-6900 FAX NUMBER (optional) ( ) E-MAIL (optional) Brown4Ventura@gmail.com  
 STREET ADDRESS Ventura City Council CITY VENTURA STATE CA ZIP CODE 93023

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME Ventura City Council DISTRICT NUMBER, if applicable. District 4  NON-PARTISAN PARTY: \_\_\_\_\_

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 7/9/2018 Signature \_\_\_\_\_  
 (month, day, year)