

Candidate Intention Statement

SAN BUENA VENTURA CITY CLERK

Date Stamp  
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CALIFORNIA FORM 501

For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Martinez, Jill M DAYTIME TELEPHONE NUMBER (805) 982-0013 FAX NUMBER (optional) ( ) E-MAIL (optional)  
STREET ADDRESS City Council City of Ventura CITY STATE ZIP CODE  
OFFICE/BOUNCE/POSITION/TITLE [Redacted] DISTRICT NUMBER, if applicable. 4  NON-PARTISAN PARTY:

State (Complete Part 2.)  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** \_\_\_\_\_  
(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 Aug 1 2018 (month, day, year) Signature [Redacted]