

Candidate Intention Statement

Date Stamp  
SAN BUENA VENTURA  
CITY CLERK  
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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) Morgan, Wayne A. DAYTIME TELEPHONE NUMBER (818) 341-6774 FAX NUMBER (optional) ( ) E-MAIL (optional) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

OFFICE POSITION (POSITION TITLE) \_\_\_\_\_ AGENCY NAME San Buenaventura Council DISTRICT NUMBER, if applicable. 4  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  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.)

2018 Primary/general election (Year of Election) Special/runoff election (Year of 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 \_\_\_\_\_ and correct.

Executed on 8/10/2018 (month, day, year)

Signature \_\_\_\_\_