

Candidate Intention Statement

SAN BUENA VENTURA
CITY CLERK

Date Stamp

CALIFORNIA FORM **501**

For Official Use Only

Check One:

Initial

Amendment (Explain) _____

18 AUG -9 P4:51

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

Partida Tony CR

805) 607-0465 () CA

73003

STREET ADDRESS

CITY

STATE

ZIP CODE

City Council Member District 6

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

6

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.)

(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 8/9/2018
(month, day, year)

Signature