

Candidate Intention Statement

CITY OF
SAN BUENAVENTURA
CITY CLERK'S OFFICE
Date Stamp: 2020 MAY 26 AM 3:10
CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Redersen, Nancy B DAYTIME TELEPHONE NUMBER (713) 569-3125 FAX NUMBER (optional) () EMAIL (optional) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CITY COUNCIL POSITION/TITLE Person Ins 7 City Council of AGENCY NAME Ventura DISTRICT NUMBER, if applicable: 7 NON-PARTISAN OFFICE

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction)
 PARTY PREFERENCE: (Check one box, if applicable.)
 PRIMARY / GENERAL
 SPECIAL / RUNOFF
 Year of Election: 2020

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 5/21/20
(month, day, year)

Signature _____