


Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
<u>Michael Nolan</u>	<u>(714) 309-7007</u>	<u>()</u>	
STREET ADDRESS	CITY	STATE	ZIP CODE
	<u>City of Ventura</u>	<u>7</u>	<u>93001</u>
OFFICE JURISDICTION	PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.)	(Check one box, if applicable.)		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	<u>City of Ventura</u> (Name of Multi-County Jurisdiction)	<u>11-3-20</u> (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL

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 on this form is true and correct.

Executed on

8-7-2020
(month, day, year)

Signature

