

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp	CALIFORNIA FORM 501
SAN BUENA VENTURA CITY CLERK	For Official Use Only
'09 AUG 17 A11:14	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) TRACY, MICHAEL J. DAYTIME TELEPHONE NUMBER (805) 815-9009 FAX NUMBER (optional) () E-MAIL (optional) tracy.mike@sbcglobal.net

STREET ADDRESS 406 LINCOLN DR CITY VENTURA STATE CA. ZIP CODE 93001

OFFICE SOUGHT (POSITION TITLE) COUNCILMEMBER AGENCY NAME CITY OF VENTURA DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2009 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 8/12/09
(month, day, year)

Signature Michael J. Tracy
(Candidate)