

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
SAN BUENA VENTURA CITY CLERK	
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

16 MAR 30 10:55

NAME OF CANDIDATE (Last, First, Middle Initial) Lorrie L. Brown DAYTIME TELEPHONE NUMBER 805 330-6900 FAX NUMBER (optional) _____ E-MAIL (optional) brown4ventura@gmail.com

OFFICE ADDRESS _____ CITY Ventura STATE CA ZIP CODE 93003

OFFICE SOUGHT (POSITION TITLE) City Council member 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) _____

_____ (Year of Election) 2016 (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 3/29/2016 (month, day, year)

Signature: _____

FFPC Form 501 (Jan/2016)
 FFPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov