

Candidate Intention Statement

SAN BUENA VENTURA

Date Stamp	CIT	CALIFORNIA FORM 501
'16	APR 22	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Cheryl Heitmann DAYTIME TELEPHONE NUMBER (805) 469-1704 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS _____ CITY Ventura STATE CA ZIP CODE 93001

OFFICE SOUGHT (POSITION TITLE) City Council member, Ventura AGENCY NAME _____ 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) _____

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 April 21, 2016 Signature _____
(month, day, year)