

Candidate Intention Statement

SAN BUENA VENTURA
CITY CLERK

Date Stamp

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CALIFORNIA
FORM **501**

For Official Use Only

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Henry, Irene V.

DAYTIME TELEPHONE NUMBER

(805) 650-9900

FAX NUMBER (optional)

(805) 650-0022

E-MAIL (optional)

STREET ADDRESS

[Redacted]

CITY

Ventura CA

STATE

ZIP CODE

93001

OFFICE SOUGHT (POSITION TITLE)

Ventura City Council

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

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.)

2016

(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 August 17, 2016
(month, day, year)

Signature [Redacted]