

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

SAN BUENA VENTURA
CITY CLERK

Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

'16 JUL -6 A9:20

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Grau, David	(805) 320-0549	()	dv.grau@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Ventura	CA	93001
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council Member	City of San Buenaventura		PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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.)

_____/_____/_____ Primary/general election _____ Special/runoff election
(Year of Election) (Year of 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

Executed on 06/24/2016
(month, day, year)

Signature X [REDACTED]