Candidate intention Statement	Type or Print in Ink.	Date	Date Stamp CALIFORNIA FORM		
Check One: ⊠Initial □Amendment	i (Explain)			For Official Use Only	
		· ·	2812 AUG	20 P 1:52	2
1. Candidate Information:					1
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL	(optional)	*. *. *. *. *. *. *. *. *. *. *. *. *. *
Rydberg, Daniel R.	(805 ₎ 766-7299	()			•
STREET ADDRESS	CITY	STATE	ZIP CO	DE	:
278 Sycamore St	Oxnard	CA	9303	6	
OFFICE SOUGHT (POSITION TITLE) AGE	NCÝ NAME	DISTRICT NUMB	ER, if applicable.	NON-PARTISAN	
	y of Oxnard			PARTY:	
OFFICE JURISDICTION					
State (Complete Part 2.)			2012		
☑ City ☐ County ☐ Multi-County: ——	(Name of Multi-County Jurisdiction)	(Yea	r of Election)		
(Check one box) I accept the voluntary expenditure ceiling for to the continuous description of					·
	in the primary or special election held on:	// and I acc	cept the volum	ntary expenditure	ceiling for
(Mark if applicable)	3.000mg/全线数型4.000mg/				
On/, I contributed personal f	funds in excess of the expenditure ceiling for the	e election stated above	e.		
					· · · · · · · · · · · · · · · · · · ·
3. Verification:					
I certify under penalty of perjury under the law	ws of the State of California that the foregoin	ng is true and correc	t.		
Executed on	Signature Danu Pealves	<u></u>			.rm E04 (Anril(204

CANDIDATE INTENTION STATEMENT