

Candidate Intention Statement

Type or Print in Ink.

Date Stamp 2013 MAR -8 P 4: 29	CALIFORNIA FORM 501 For Official Use Only
-----------------------------------	---

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>RYDBERG, SUSAN K.</u>	DAYTIME TELEPHONE NUMBER <u>(805) 766-7299</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>srydberg@verizon.net</u>
STREET ADDRESS <u>278 Sycamore St</u>	CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93036</u>
OFFICE SOUGHT (POSITION TITLE) <u>Councilmember</u>	AGENCY NAME <u>City of Oxnard</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>City of Oxnard</u> (Name of Multi-County Jurisdiction)		<u>2013</u> (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 3-8-2013
(month, day, year)

Signature [Handwritten Signature]
(Candidate)