Candidate Intention Statement

Check One:  [ ] Initial  [ ] Amendment  (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE  (Last, First, Middle Initial)  RYDBERG, SUSAN K.

DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
605)766-7299  ( ) srydberg@verizon.net

STREET ADDRESS  CITY  STATE  ZIP CODE
278 Sycamore St  Oxnard  CA  93036

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable
Council Member  City of Oxnard  ☑ NON-PARTISAN  ☑ PARTY:

☐ State (Complete Part 2.)  ☑ City  ☐ County  ☐ Multi-County: City of Oxnard  2013 (Name of Multi-County Jurisdiction)  2013 (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)

☐ 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.

☐ 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  Signature
(month, day, year)  (Candidate)

FPPC Form 501 (April 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)