

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
Received Watsonville City Clerk	
For Official Use Only	

9/18 PM 12:01

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) VENICH OLSON, JENNI L. DAYTIME TELEPHONE NUMBER (831) [REDACTED] FAX NUMBER (optional) () N/A E-MAIL (optional) [REDACTED]

[REDACTED] STATE CA ZIP CODE 95070

OFFICE SOUGHT (POSITION TITLE) Watsonville City Council AGENCY NAME Watsonville, CA DISTRICT NUMBER, if applicable. 2 NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2018 (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) 2018 Primary/general 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 3/9/18
(month, day, year)

Signature [REDACTED]