

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Barba, Nancy	DAYTIME TELEPHONE NUMBER (310) 817-6679	FAX NUMBER (optional) (310) 672-6679	EMAIL (optional) cine@politicalreportingplus.com
STREET ADDRESS [REDACTED]	CITY Inglewood	STATE CA	ZIP CODE 90301
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME Culver City	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)			PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 1-15-2024
(month, day, year)

Signature Nancy Barba
(Candidate)