Candidate Intention Statement

RECEIVED
CITY OF SIMI VALLEY
2016 JUL 28 PM 4:
OFFICE OF CITY CLERK
BY

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: ☐ Initial ☒ Amendment (Explain) I want my information available to the public.

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Wright, Victoria Catherine	(805) 297-6510	(805) 527-3942	Victoriacwright4citycouncil@gmail.c

STREET ADDRESS	CITY	STATE	ZIP CODE
1550 Rory Lane Space 151	Simi Valley	Ca	93063

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN
City Council Member	City of Simi Valley		PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) 2016 (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.)

N/A *(Year of Election)* ***Primary/general election*** N/A *(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:

O 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 7/28/2016 *(month, day, year)*, Signature *(Candidate)*