

**Candidate Intention Statement**

Date Stamp RECEIVED CITY OF SIMI VALLEY 2016 AUG 12 PM 3:55 OFFICE OF CITY CLERK BY <i>[Signature]</i>	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) <b>WILSON, BRIAN, E</b>		DAYTIME TELEPHONE NUMBER ( ) - ( ) - ( )	FAX NUMBER (optional) ( ) - ( ) - ( )	E-MAIL (optional)
STREET ADDRESS <b>Simi Valley, CA 93065</b>		CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <b>CITY COUNCIL</b>	AGENCY NAME <b>City of Simi Valley</b>	DISTRICT NUMBER, if applicable. <b>n/a</b>	<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: _____ (Name of Multi-County Jurisdiction)		<b>2016</b> (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 8-12-16 Signature *B Wilson*  
*(month, day, year)* *(Candidate)*