

Candidate Intention Statement

RECEIVED CITY OF SIMI VALLEY 2016 AUG -4 PM 3:08 OFFICE OF CITY CLERK BY: <i>[Signature]</i>	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) HARTFIELD, THOMAS D.		DAYTIME TELEPHONE NUMBER () ()	FAX NUMBER (optional) () ()	E-MAIL (optional)
STREET ADDRESS SIMI VALLEY		CITY SIMI VALLEY	STATE CA	ZIP CODE 93065
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL	AGENCY NAME CITY OF SIMI VALLEY	DISTRICT NUMBER, if applicable. N/A	<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)		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.)

 (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 July 27, 2016
 (month, day, year)

Signature *Tom Hartfield*
 (Candidate)