

Candidate Intention Statement

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CITY OF SIMI VALLEY

2016 AUG 17 AM 9:57

OFFICE OF CITY CLERK
BY: *K. Spang*

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Chelonis, Ashley, A.R.	DAYTIME TELEPHONE NUMBER () ()	FAX NUMBER (optional) () ()	E-MAIL (optional)
STREET ADDRESS _____	CITY Simi Valley	STATE CA	ZIP CODE 93063
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 8/17/16
August 8, 2016
(month, day, year)

Signature *Chelonis*
(Candidate)