

Candidate Intention Statement

Type or Print in Ink.

RECEIVED CITY OF SIMI VALLEY

CANDIDATE INTENTION STATEMENT

2018 JUL 11 PM 1:3 Date Stamp
OFFICE OF CITY CLERK
BY Linda Shortell

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
Jerry Shaffner
STREET ADDRESS CITY STATE ZIP CODE
Simi Valley CA 93065

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN
Mayor City of Simi Valley N/A PARTY:

OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction)
2018 (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 07-11-2018 (month, day, year)

Signature [Handwritten Signature] (Candidate)