Candidate Intention Statement

Check One:  ☒ Initial  ☐ Amendment (Explain)  __________________________

1. Candidate Information:
NAME OF CANDIDATE  (Last, First, Middle Initial)  HIDALGO, ROBBIE
STREET ADDRESS  CITY  STATE  ZIP CODE  SIMI VALLEY  CA  93065
OFFICE SOUGHT (POSITION TITLE)  CITY COUNCIL
AGENCY NAME  CITY OF SIMI VALLEY
PARTY:  NON-PARTISAN

2. State Candidate Expenditure Limit Statement:
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

<table>
<thead>
<tr>
<th>Year of Election</th>
<th>Primary/general election</th>
<th>Special/runoff election</th>
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<tbody>
<tr>
<td>(Check one box)</td>
<td>I accept</td>
<td>I do not accept</td>
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☐ 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.

☐ 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  AUGUST 10, 2018  Signature  __________________________
(month, day, year) (Candidate)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)  www.fppc.ca.gov