

Candidate Intention Statement

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CITY OF SIMI VALLEY
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BY *Julia Anita*

CALIFORNIA
FORM **501**

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

| | | | | |
|--|------------------------------------|--------------------------------------|--|-------------------|
| NAME OF CANDIDATE (Last, First Middle Initial) Valencia, Ryan A | | DAYTIME TELEPHONE NUMBER () | FAX NUMBER (optional) () | EMAIL (optional) |
| STREET ADDRESS | | CITY Simi Valley | STATE CA | ZIP CODE 93065 |
| OFFICE SOUGHT (POSITION TITLE) City Council | AGENCY NAME City of Simi Valley | DISTRICT NUMBER, if applicable. 3 | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE | |
| 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) | | 2020 (Year of Election) | PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF | |

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 12/26/2019
(month, day, year)

Signature *[Signature]*
(Candidate)