Candidate Intention Statement

Check One: ☒ Initial   ☐ Amendment (Explain) _____

_____

Date Stamp

CITY OF SIMI VALLEY

2020 JAN 31 AM 9: 40

OFFICE OF CITY CLERK
BY _Julia Zitz_

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) | DAYTIME TELEPHONE NUMBER | FAX NUMBER (optional) | EMAIL (optional)

CAVANAUGH, DOLORES (DEE DEE) J   ( )

STREET ADDRESS | CITY | STATE | ZIP CODE

SIMI VALLEY | **CA** | **93063**

OFFICE SOUGHT (POSITION TITLE) | AGENCY NAME | DISTRICT NUMBER, if applicable. | ☒ NON-PARTISAN OFFICE

COUNCIL MEMBER | **CITY OF SIMI VALLEY** | **1** | PARTY PREFERENCE:

OFFICE JURISDICTION   (Check one box, if applicable.)

☐ State (Complete Part 2.)

☒ City   ☐ County   ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2020 (Year of Election)

☒ PRIMARY / GENERAL

☐ 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 **01/22/2020**   Signature _____
(month, day, year)   (Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov