

Candidate Intention Statement

Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 MAR -4 PM 3:42 OFFICE OF CITY CLERK RY	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
LITSTER, ELAINE P.

OFFICE SOUGHT (POSITION TITLE) <u>COUNCIL MEMBER</u>	AGENCY NAME <u>7</u>	DISTRICT NUMBER, if applicable. <u>3</u>	<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)		PARTY PREFERENCE: (Check one box, if applicable.) <u>2020</u> <input checked="" type="checkbox"/> PRIMARY / GENERAL (Year of Election) <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 3/4/20
(month, day, year)

Signature Elaine P. Litster
(Candidate)