

Candidate Intention Statement

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| Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 AUG -7 AM 9:47 | CALIFORNIA FORM 501 For Official Use Only |
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Check One: Initial Amendment (Explain) n/a

1. Candidate Information:

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|---|---------------------------------------|---|--|
| NAME OF CANDIDATE (Last, First Middle Initial) <u>Fortuna, Brandon</u> | DAYTIME TELEPHONE NUMBER | FAX NUMBER (optional) <u>n/a</u> | EMAIL (optional) |
| STREET ADDRESS | CITY <u>Simi Valley, CA, 93065</u> | STATE | ZIP CODE |
| OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u> | AGENCY NAME <u>n/a</u> | DISTRICT NUMBER, if applicable. <u>n/a</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: <u>n/a</u> (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 8/5/2020 Signature Brandon F
(month, day, year) (Candidate)

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