

Candidate Intention Statement

RECEIVED
 Date Stamp VALLEY
 2020 AUG -5 PM 5:43
 OFFICE OF CITY CLERK
 BY *[Signature]*

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Clarizio Robert C DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS _____ CITY Sim Valley Ca STATE _____ ZIP CODE 93063

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME _____ DISTRICT NUMBER, if applicable. RC NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)

PRIMARY / GENERAL SPECIAL / RUNOFF

Year of Election: 2020

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 08/05/2020 Signature *[Signature]*
(month, day, year) (Candidate)