

Candidate Intention Statement

Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 AUG -6 PM 2:16	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) Left out a word

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Clarizio Robert C</u>	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS	CITY	STATE <u>Ca</u>	ZIP CODE <u>93063</u>
OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input 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 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) RC
 On, 08/06/20 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 08/06/2020 (month, day, year) Signature [Signature] (Candidate)