

Candidate Intention Statement

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CITY OF SIMI VALLEY
2020 JUL 30 PM 2:18
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BY: *[Signature]*

CALIFORNIA FORM **501**
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) WAYNE HAMPTON HOLLAND III	DAYTIME TELEPHONE NUMBER _____	FAX NUMBER (optional) ()	EMAIL (optional) _____
STREET ADDRESS _____	CITY SIMI VALLEY	STATE CA	ZIP CODE 93063
OFFICE SOUGHT (POSITION TITLE) MAYOR	AGENCY NAME <i>City of Simi Valley</i>	DISTRICT NUMBER, if applicable. _____	<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: _____	SIMI VALLEY (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 July 30, 2020
(month, day, year)

Signature *Wayne III*
(Candidate)