

Candidate Intention Statement

Date Stamp RECEIVED CITY OF SIMI VALLEY 2018 JUN 18 PM 2:00 OFFICE OF CITY CLERK	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) Victoria Catherine Wright	DAYTIME TELEPHONE NUMBER (,)	FAX NUMBER (optional) (,)	E-MAIL (optional)
STREET ADDRESS	CITY Simi Valley	STATE CA	ZIP CODE 93063
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME Simi Valley	DISTRICT NUMBER, if applicable. NA	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City		<input type="checkbox"/> County	
<input type="checkbox"/> Multi-County: _____		2018 (Year of Election)	

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____ (Year of Election)	Primary/general election	_____ (Year of Election)	Special/runoff election
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(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.

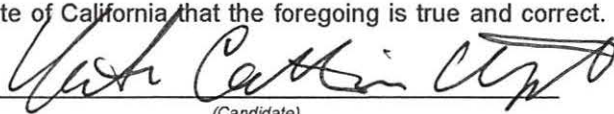
(Mark if applicable)

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 06/18/2018
(month, day, year)

Signature 
(Candidate)