Candidate Intention Statement	CITY OF SIMI VALI CALIFORNIA 501
Check One: Amendment (Explain)	2010 JUL 18 PM 2: 19 For Official Use Only
	OFFICE OF CITY CLERK
	BY Queliants
1. Candidate Information:	
NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)
HARTFIELD, THOMAS S.	()
STREET ADDRESS CITY	STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable. IN NON-PARTISAN
CITY COUNCIL CITY OF 9'm; VALLEY OFFICE JURISDICTION	N/A PARTY:
State (Complete Part 2.)	
City County Multi-County: (Name of Multi-County Jurisdiction)	(Vagr of Flaction)
, and a man county controlled	
(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:/_ the general or special run-off election.	/ and I accept the voluntary expenditure ceiling for
(Mark if applicable)	
On/, I contributed personal funds in excess of the expenditure ceiling for the	lection 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 TULY 18 2018, Signature (Candidate)	FPPC Form 501 (Jan/20

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