

Candidate Intention Statement

Date Stamp RECEIVED CITY OF SIMI VALLEY 2018 AUG 10 PM 4: 47	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) HIDALGO, ROBBIE	DAYTIME TELEPHONE NUMBER () ()	FAX NUMBER (optional) () ()	E-MAIL (optional)
STREET ADDRESS	CITY SIMI VALLEY	STATE CA	ZIP CODE 93065
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL	AGENCY NAME CITY OF SIMI VALLEY	DISTRICT NUMBER, if applicable. N/A	<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: _____ (Name of Multi-County Jurisdiction)	2018 (Year of Election)		

OFFICE OF CITY CLERK
BY *[Signature]*

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**

(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 AUGUST 10, 2018, Signature *[Signature]*
(month, day, year) *(Candidate)*