

Candidate Intention Statement

Date Stamp 2022 AUG 2 AM 3:16 CITY OF SIMI 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) <u>Wayne Hampton Holland, III</u>	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) () <u>NA</u>	EMAIL (optional)
STREET ADDRESS	CITY	STATE	ZIP CODE
<u>Mayor of Simi Valley</u>	<u>Simi Valley</u>	<u>California</u>	<u>95063</u>
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
<u>Mayor of Simi Valley</u>	<u>City of Simi Valley</u>		
OFFICE JURISDICTION	PARTY PREFERENCE:		(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)	<input type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	(Year of Election)	<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 August 2, 2022 Signature Wayne Hampton Holland, III
(month, day, year) (Candidate)