				2 5
Candidate Intention State	ement		Date Sta	FORM 501
Check One: ☐ Initial [✓ Amendment (Explain) initial form incomplete			For Official Use Only
-				72027
1. Candidate Information:				5
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NU	JMBER FAX NUM	IBER (optional)	EMAIL (optional)
Weisman, Sean M		()		
STREET ADDRESS	CITY		STATE	ZIP CODE
Sec. 197	Simi Valley		CA	93063
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT	NUMBER, if applica	able. NON-PARTISAN OFFICE
City Council Member	City of Simi Valley	2		PARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
State (Complete Part 2.)			2022	PRIMARY / GENERAL
City County Multi-Co	ounty: (Name of Multi-County Jurisdie	ction)	(Year of	Election) SPECIAL / RUNOFF
☐I do not accept the voluntare Amendment: ☐ I did not exceed the ex	nditure ceiling for the election stated above. Ty expenditure ceiling for the election stated above appenditure ceiling in the primary or special election or special run-off election.		<i>l</i> ar	nd I accept the voluntary expenditure
(Mark if applicable)				
☐ On,/I conf	tributed personal funds in excess of the expend	ture ceiling for the	election state	ed above.
3. Verification:				
Leartify under penalty of perius				
r certify under penalty or perju	ry under the laws of the State of California that	the foregoing is true	e and correct.	