

# Candidate Intention Statement

Date Stamp 2023 AUG 8 PM 1:39 CITY OF SIMI VALLEY CLERK	<b>CALIFORNIA FORM 501</b>
	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Thomas, Fred	DAYTIME TELEPHONE NUMBER _____	FAX NUMBER (optional) ( )	EMAIL (optional) _____
STREET ADDRESS _____	CITY Simi Valley	STATE CA	ZIP CODE 93065
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME City of Simi Valley	DISTRICT NUMBER, if applicable _____	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
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)		2024 (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.)*

*(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 08/04/2023  
*(month, day, year)*

Signature   
*(Candidate)*