

# Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>
For Official Use Only	

Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) HOLLAND, II WAYNE H DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS MAYOR - SIMI VALLEY CITY OF SIMI VALLEY CITY \_\_\_\_\_ STATE California ZIP CODE 92663

OFFICE SOUGHT (POSITION TITLE) SIMI VALLEY AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION \_\_\_\_\_ (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

\_\_\_\_\_ (Year of Election) 2024  PRIMARY / GENERAL  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 July 24, 2024  
(month, day, year)

Signature [Handwritten Signature]  
(Candidate)