

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED 2018 MAY -3 PM 5: 19	
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Dario Castellanos	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) [REDACTED]	E-MAIL (optional) Dario
STREET ADDRESS [REDACTED]	CITY West Covina	STATE CA	ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) West Covina City Council	AGENCY NAME West Covina	DISTRICT NUMBER, if applicable. 4	<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)			

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.

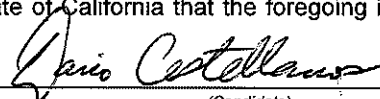
(Mark if applicable)

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 May 3, 2018
(month, day, year)

Signature 
(Candidate)