

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp
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 2018 MAY -7 PM 1:24
 CITY OF WEST COVINA
 CITY CLERK'S OFFICE

CALIFORNIA FORM 501
 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE: [REDACTED] DAYTIME TELEPHONE NUMBER: [REDACTED] FAX NUMBER (optional): N/A E-MAIL (optional): [REDACTED]

OFFICE SOUGHT (POSITION TITLE): WEST COVINA AGENCY NAME: CITY COUNCIL MEMBER, WEST COVINA DISTRICT NUMBER, if applicable: CA 91790 2 PARTY: NON-PARTISAN

OFFICE JURISDICTION: State (Complete Part 2.) City County 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.)

2018 Primary/general election (Year of Election) Special/runoff election (Year of 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 information provided is true and correct.

Executed on MAY 7, 2018 (month, day, year) Signature [REDACTED]

FPPC Form 501 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

ORIGINAL