Candidate Intention Statement

Check One:  [X] Initial  [ ] Amendment (Explain)  

1. Candidate Information:

[ ] Initial  [ ] Amendment (Explain)

CITY OF WEST CONINA
CITY CLERK'S OFFICE

C. CITY COUNCIL MEMBER, WEST CONINA

DISTRICT NUMBER, if applicable: 2

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 Special/runoff election

(Year of Election) (Year of Election)

[ ] 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.

[ ] 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, that the foregoing is true and correct.

Executed on MAY 7, 2018 Signature

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

ORIGINAL)