Candidate Intention Statement

Check One:  [x] initial  [ ] Amendment (Explain) ________________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BENNETT, STEVEN E

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE) CITY CLERK CITY OF WEST COVINA

AGENCY NAME WEST COVINA

CITY WEST COVINA

OFFICE JURISDICTION

☐ State (Complete Part 2.) ☐ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction) CITY OF WEST COVINA

2. State Candidate Expenditure Limit Statement:

Primary/general election (Year of Election) Special/runoff 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.

☐ 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 8/7/2018 (month, day, year) Signature

FPPC Form 501 (Jan/2016)
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