Candidate Intention Statement

Check One:  X Initial  □ Amendment (Explain)

NAME OF CANDIDATE
Hernandez, Roger

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)
City Council Member

OFFICE JURISDICTION
City  □ County  □ Multi-County.

AGENCY NAME
West Covina

CITY

STATE  CA

ZIP CODE  91790

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

NAME OF CANDIDATE (Last, First, Middle Initial)
Hernandez, Roger

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)
City Council Member

OFFICE JURISDICTION
City  □ County  □ Multi-County.

AGENCY NAME
West Covina

CITY

STATE  CA

ZIP CODE  91790

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

1. Candidate Information:

2. State Candidate Expenditure Limit Statement:
(Ca/PERS and Ca/STRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the statements made by me above are true and correct to the best of my knowledge.

Executed on Aug. 7, 2018

Signature