

Candidate Intention Statement

Date Stamp <b>RECEIVED</b> 2018 AUG 10 PM 4: 02 CITY OF WEST COVINA CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Robinson Robert W NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) \_\_\_\_\_

CITY West Covina STATE CA ZIP CODE \_\_\_\_\_

OFFICE SOUGHT (POSITION TITLE) Councilman AGENCY NAME West Covina DISTRICT NUMBER District 2 PARTY: N.P.

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)  
 (Year of Election) 2018

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 Aug 10, 2018  
(month, day, year)

