

Candidate Intention Statement

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CITY OF WEST COVINA CITY CLERK'S OFFICE	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Kozatti Colleen B. DAYTIME TELEPHONE NUMBER _____ FAX NUMBER _____ E-MAIL _____

ST [REDACTED] CITY West Covina ZIP CODE 91790

OFFICE POSITION (POSITION TITLE) City Treasurer AGENCY NAME _____ DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: West Covina (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.)

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 _____ correct.

Executed on 08/03/2018
(month, day, year)

Signature [REDACTED]