Candidate Intention Statement

Check One:  ☐ Initial  ☐ Amendment (Explain) 

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): SYKES, FREDERICK
STREET ADDRESS:

OFFICE SOUGHT (POSITION TITLE): CITY COUNCIL

AGENCY NAME: CITY OF WEST COVINA

State (Complete Part 2.):

☐ State  (Complete Part 2.)

☑ City  ☐ County  ☐ Multi-County: CITY OF WEST COVINA

OFFICE JURISDICTION:

☐ State  ☐ County  ☐ Multi-County: CITY OF WEST COVINA

DISTRICT NUMBER, if applicable:

PARTY:

NON-PARTISAN

2. State Candidate Expenditure Limit Statement:

(CaPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Year of Election:

Primary/general 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 _/__/2018