

**Candidate Intention Statement**

Date Stamp  
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 2018 AUG -7 AM 10: 50  
 ONLY IN WEST COAST  
 CITY CLERK'S OFFICE

**CALIFORNIA FORM 501**  
 For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) SYKES, FREDRICK DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] E-MAIL [REDACTED]

STREET ADDRESS CITY COUNCIL AGENCY NAME CITY OF WEST COVINA DISTRICT NUMBER, if applicable. 5  NON-PARTISAN

OFFICE JURISDICTION CITY OF WEST COVINA PARTY: \_\_\_\_\_

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

**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 8-5-2018  
 (month, day, year)