Candidate Intention Statement

Check One:  □ Initial  □ Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
LOPEZ, LETICIA  ( )  ( )

STREET ADDRESS  CITY  STATE  ZIP CODE

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable.
West Covina City Council  City of West Covina  2  NON-PARTISAN

OFFICE JURISDICTION
□ State (Complete Part 2.)  □ City  □ County  □ Multi-County: ____________________________ (Name of Multi-County Jurisdiction)  (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.)

2018  Primary/general election  Special/runoff election
(Year of 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.

(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 ________________ (month, day, year)  SIGNED ____________________________

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