Candidate Intention Statement

Check One: ☐ Initial  ☐ Amendment  (Explain)  

1. Candidate Information:

NAME OF CANDIDATE  (Last, First Middle Initial)

Johnson Lloyd A

OFFICE SOUGHT  (POSITION TITLE)

West Covina City Council

AGENCY NAME

West Covina

DAYTIME TELEPHONE NUMBER

FAX NUMBER  (optional)

EMAIL  (optional)

CITY

STATE

ZIP CODE

OFFICE JURISDICTION

☒ City  ☐ County  ☐ Multi-County

AGENCY NAME

West Covina

DISTRICT NUMBER, if applicable

PARTY PREFERENCE

☐ AGN-PARTISAN OFFICE

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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

☑ 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 07-25-2019

Signature

FPPC Form 501  (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov