Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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CITY CLERK'S OFFICE
CITY OF WEST COVINA

Check One: [X] Initial [ ] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Kimberly Caceres	(626) 347-5485	( )	kcaceres2@yahoo.com

STREET ADDRESS	CITY	STATE	ZIP CODE
1102 E. Grovecenter Street	West Covina	CA	91790

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	[ ] NON-PARTISAN
City Council Member	CALIFORNIA (CA)		PARTY:

OFFICE JURISDICTION

[ ] State (Complete Part 2.)

[X] City [ ] County [ ] Multi-County: _____ (Name of Multi County Jurisdiction) 2015 (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:

O 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 05/20/2015 (month, day, year), Signature Kimberly Caceres (Candidate)

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