

# Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT  
**CALIFORNIA FORM 501**  
 For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Wu, Tony	DAYTIME TELEPHONE NUMBER 626-618-7099	FAX NUMBER (optional)	E-MAIL (optional) tonywu4westcovina@gmail.com
STREET ADDRESS 2929 East Cortez Street	CITY West Covina	STATE CA	ZIP CODE 91791
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME	DISTRICT NUMBER, if applicable. 0	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>West Covina</u> (Name of Jurisdiction)			2015 (Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 03/27/2015  
(month, day, year)

Signature \_\_\_\_\_  
 Tony Wu (Candidate)

FPPC Form 501 (April/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)