

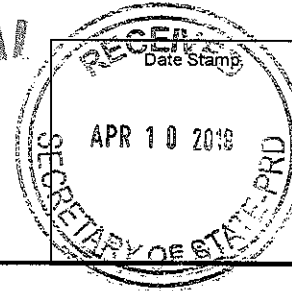
Candidate Intention Statement

LOCAL Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only



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

1. Candidate information:

NAME OF CANDIDATE (Last, First, Middle Initial) Gutierrez, Brian
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY West Covina STATE CA ZIP CODE
OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME
DISTRICT NUMBER, if applicable. District 2
[] NON-PARTISAN
OFFICE JURISDICTION
[] State (Complete Part 2)
[X] City [] County [] Multi-County:
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.)

Primary/general 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

Executed on 4-5-2018 (month, day, year)

Signature [Redacted]

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