

**Candidate Intention Statement**

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

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**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) Mike Spence [Redacted] FAX NUMBER (optional) ( ) E-MAIL (optional) ( )

[Redacted] STATE West Covina CA ZIP CODE 91790

OFFICE JURISDICTION West Covina City Council DISTRICT NUMBER, if applicable. 2  NON-PARTISAN PARTY:

State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 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.)*

\_\_\_\_\_  
(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 \_\_\_\_\_ that the information provided is true and correct.

Executed on 08/10/18 (month, day, year) Signature [Redacted]