Candidate Inten	tention Stat	tement			PECEIVED		CALIFORNIA FORM	501
Check One:		Amendment (Explain)		20	BMAR 21	PM 1:3	For Official Us	se Only
			1-10-		TY OF WES	et cover	Å.	,
1. Candidate Infor	mation:			IJ.	IT blban	'S Whilet	~	
NAME OF CANDIDATE (Last,	First, Middle Initia	1)	DAYTIME TELEPHONE NUMBER	FAX NUM	/IBER (optional)	E-MAIL	(optional)	
LOPEZ, LETICIA STREET ADDRESS			CITY	() STATE	ZIP CO	DE	
STREET ADDRESS			- 1		CA	ZIF 00	DC,	
OFFICE SOUGHT (POSITION	TITLE)	AGENCY NAME	West Covina		ISTRICT NUMBE	R, if applicable.	☑ NON-PARTISAN	
West Covina City Coun	cil	City of West C	Covina	2	2		PARTY:	
OFFICE JURISDICTION	., .							
State (Complete Part 2								
☑ City ☐ Count	y 🔲 Mult	i-County:	(Name of Multi-County Jurisdiction)		(Year	of Election)		
(Check one box)	ntarv expen	diture ceiling for the election	stated above.					
		y expenditure ceiling for the e						
		penditure ceiling in the prima run-off election.	ry or special election held on:		and I acc	ept the volur	ntary expenditure ceil	ing for
(Mark if applicable)								
□ On	, I cont	ributed personal funds in exo	ess of the expenditure ceiling for	the election	stated above			
3. Verification:				•				
I certify under per	alty of perj	ury under the laws of the S	tota of California that the force	noina is truo	and correct			
Executed on	03/07/2						FPPC	Form 501 (Ja

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov