

Candidate Intention Statement

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CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) JOHNSON Lloyd A

STREET ADDRESS [REDACTED]

CITY West Covina

STATE CA ZIP CODE 91790

DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

OFFICE SOUGHT (POSITION TITLE) West Covina City Councilman

AGENCY NAME West Covina

DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE 1

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CaIPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 07-25-2019
(month, day, year)

Signature _____