Candidate Intention Stateme	nt			mp ECE	CALIFORNIA 501	
Check One: ⊠Initial □ Ar	Amendment (Explain)		2020 ⊭	1AY 13	Y 13 PM 3: 13	
-			SITY			
1. Candidate Information:			5111	FLEAN	SUFFICE	
IAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX N	NUMBER (optional)	E-MAIL	(optional)	
BENNETT, STEVEN E		(-)		20.00	
TREET ADDRESS	CITY		STATE	ZIP CC	DDE	
FFICE SOUGHT (POSITION TITLE)	WEST COVINA AGENCY NAME		CA DISTRICT NUMBER,	9179		
CITY COUNCIL				п аррисаріе.	☑ NON-PARTISAN	
FFICE JURISDICTION	CITY OF WEST COVINA		DISTRICT 3		PARTY:	
State (Complete Part 2.)			W			
☑ City ☐ County ☐ Multi-Count	y: (Name of Multi-County Jurisdiction)					
(Check one box)	eiling for the election stated above.					
☐ I do not accept the voluntary exper Amendment:	nditure ceiling for the election stated above.					
O I did not exceed the expenditu the general or special run-off e	re ceiling in the primary or special election held on:/_ election.		and I accept	the volu	ntary expenditure ceiling for	
(Mark if applicable)						
(Mark if applicable)	personal funds in excess of the expenditure ceiling for the e	olocti-	an atatod share			
, i contributed	personal fullus in excess of the experiulture ceiling for the e	electio	m stated above.			
. Verification:						
I certify under penalty of perjury und	ler the laws of the State	s tru	ue and correct.			
Executed on	, Signature				FPPC Form 501 (Jan/	
				FPPC	Advice: advice@fppc.ca.gov (866/275-	

www.fppc.ca.gov