

Candidate Intention Statement

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CALIFORNIA FORM 501

For Official Use Only

CITY OF WEST COVINA
CITY CLERK'S OFFICE

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Diaz, Rosario	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) n/a	EMAIL (optional)
STREET ADDRESS [REDACTED]		STATE CA	ZIP CODE 91791
CITY/COUNTY (if different from agency name) City Council	AGENCY NAME City of West Covina	DISTRICT NUMBER, if applicable 3	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE:	
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<small>(Check one box, if applicable.)</small> <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	

2. State Candidate Expenditure Limit Statement:

(CalPERS 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 information provided is true and correct.

Executed on 8/4/2020 Signature [REDACTED]

(month, day, year)