		Sala Perin Cin Sala	CANDIDATE INTENTION
Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: X Initial Amendment (Explain)		APR <b>0 2</b> 2015	For Official Use Only
Check One: X Initial Amendment (Explain)			
		CITY CLERK'S OFFICE	
1. Candidate Information:		100000000000000000000000000000000000000	<u>^</u>
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL	(-attatt
Vu, Tony	DATTIME TELEFHONE NUMBER	FAX NUMBER (optional) E-MAIL	. (optional)
STREET ADDRESS	CITY	STATE ZIP CO	DDF
		2 30	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable.	X NON-PARTISAN
City Council Member		0	PARTY:
DFFICE JURISDICTION			
State (Complete Part 2.)			
X City County Multi-County: West Covina	(Name of Jurisdiction)	2015 (Year of Election)	
(Year of Election) (Check one box) Primary/general election	_ Speciallrunoff election		
I accept the voluntary expenditure ceiling for the election	stated above.		
i do not accept the voluntary expenditure ceiling for the el	ection stated above.		
Amendment:  I did not exceed the expenditure ceiling in the prima the general or special run-off election.	ry or special election held on:	and I accept the volu	ntary expenditure ceiling for
(Mark if applicable)			
On, I contributed personal funds in exce	ess of the expenditure ceiling for th	ne election stated above	
, seeman particular and an order	or and ordered and ordered to the	io cicculati stated above.	7
3. Verification:	· · · · · · · · · · · · · · · · · · ·		
I certify under penalty of perjury under the laws of the State	of California ti		
Executed on03/27/2015	Signature		
Executed on03/27/2015 (month, day, year)	J.g. Iddio		FPPC Form 501 (April/20
	3	FPPC Toll-Free I	lelpline: 866/ASK-FPPC (866/275-37

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