

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

CITY OF WEST COVINA
CITY CLERK'S OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) EDRALIN, FERDINAND Z. [Redacted] FAX NUMBER (optional) [Redacted]
 [Redacted] STATE [Redacted] ZIP CODE [Redacted]

OFFICE SOUGHT (POSITION TITLE) _____ AGENCY NAME _____ DISTRICT NUMBER, if applicable. Dist 4 NON-PARTISAN OFFICE
 PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) PRIMARY / GENERAL
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (Year of Election) 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 _____ foregoing is true and correct.

Executed on July 15, 2022 Signature _____
(month, day, year)