Candidate Intention Sta	tement		Date Stamp	CALIFORNIA 501
Check One: ⊠ Initial	Amendment (Explain)		RECEIVI	
			2022 AUG 23 AM	11: 02
1. Candidate Information:			CITY OF WEST CO CITY CLERK'S OF NUMBER (optional)	VINA
NAME OF CANDIDATE (Last, First Middle Initial)	DAY	TIME TELEPHONE NUMBER FAX	NUMBER (optional) EMAIL	(optional)
Reyes, Jr., Richard Anthony STREETADDRESS	CIT	Υ (	STATE ZIP CO	DDE
STREET ADDICEOU				
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DIST	RICT NUMBER, if applicable.	DN-PARTISAN OFFICE
City Council Member	West Covina		5 PART	Y PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION				X PRIMARY / GENERAL
State (Complete Part 2.)  X City County Mult	i-County: (Name	of Multi-County Jurisdiction)	2022 (Year of Election)	SPECIAL / RUNOFF
2. State Candidate Expendi	ture I imit Statement:	200		
(Check one box)	judicial candidates, and candidates for local of			
☐ I do not accept the voluntary	expenditure ceiling for the election	stated above.		
Amendment:				
I did not exceed the ex the general or special	penditure ceiling in the primary or sprun-off election.	pecial election held on:/	and I accept the vol	untary expenditure ceiling for
(Mark if applicable)				
☐ On, I co	ntributed personal funds in excess o	f the expenditure ceiling for the elec-	ction stated above.	
The Bridge			<u> </u>	
3. Verification:		K 46 , 1 9		
I certify under penalty of per	jury under the laws of	ı is	s true and correct.	
Executed on08/17/2022 (month, day, y				FPPC Form 501 (August/2018 C Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go