

Candidate Intention Statement

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Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) Sue Augino [REDACTED] () [REDACTED] STREET ADDRESS CITY STATE ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE Treasurer City of West Covina PARTY PREFERENCE:

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

Executed on Aug 24 2022 (month, day, year)

Signature [REDACTED]