

**Candidate Intention Statement**

Date Stamp	<b>CALIFORNIA FORM 501</b>
RECEIVED	For Official Use Only
2024 MAY -6 PM 2:10	
CITY OF WEST COVINA CITY CLERK'S OFFICE	

Check One:  Initial  Amendment (Explain) CANDIDATE ADDRESS CORRECTION

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Gutierrez, Brian		[REDACTED]		
STREET ADDRESS		CITY	STATE	ZIP CODE
[REDACTED]		[REDACTED]		
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
City Council Member	West Covina	1	PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		<input type="checkbox"/> SPECIAL / RUNOFF		
		2024 (Year of Election)		

**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 foregoing is true and correct.

Executed on 04/30/2024  
*(month, day, year)*

Signature [REDACTED]  
*(Candidate)*