

**Candidate Intention Statement**

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Date Stamp <b>RECEIVED BY COVINA CITY CLERK 24 NOV 19 PM 3:46</b>	<b>CALIFORNIA FORM 501</b>
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**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Delgado, Hector		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]		CITY Covina	STATE CA	ZIP CODE 91722
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Covina	DISTRICT NUMBER, if applicable. 1	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		2026 (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.

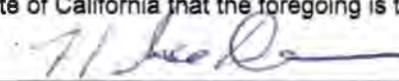
*(Mark if applicable)*

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 11/13/2024  
*(month, day, year)*

Signature   
*(Candidate)*