

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
CITY CLERK OFFICE 2022 APR 18 A 11:27	
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Robinson, Delario M DAYTIME TELEPHONE NUMBER (626) 378-0403 FAX NUMBER (optional) _____ EMAIL (optional) delarou2@hotmail.com

STREET ADDRESS _____ CITY Monterey Park STATE Ca. ZIP CODE 91755

OFFICE SOUGHT (POSITION TITLE) CITY Council member AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: _____
 State (Complete Part 2.) PRIMARY / GENERAL
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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, 4/18/2022 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 4-18-2022 Signature [Signature]
(month, day, year) (Candidate)