

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
CITY CLERK OFFICE	For Official Use Only
2021 MAR 22 P 12:37	

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Lo, Henry	DAYTIME TELEPHONE NUMBER ( 626 ) 592-0471	FAX NUMBER (optional) ( )	EMAIL (optional) henry@henry-lo.com
STREET ADDRESS [REDACTED]	CITY Monterey Park	STATE CA	ZIP CODE 91755
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME Monterey Park	DISTRICT NUMBER, if applicable. 4	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION			PARTY PREFERENCE:
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>			<small>(Check one box, if applicable.)</small> <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
			2024 <small>(Year of Election)</small>

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 03/10/2021  
(month, day, year)

Signature   
(Candidate)