Candidate Intention Statement

Check One: ☒ Initial    ☐ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)    DAYTIME TELEPHONE NUMBER    FAX NUMBER (optional)    E-MAIL (optional)
Edwin Castro    (562) 449-5039    ( )    edwincastro191@gmail.com

STREET ADDRESS    CITY    STATE    ZIP CODE
39415 Ardenwood Way Unit 364    Lale Elsinore    CA    92532

OFFICE SOUGHT (POSITION TITLE)    AGENCY NAME    DISTRICT NUMBER, if applicable    NON-PARTISAN PARTY: Republican
Council Member    City Council

OFFICE JURISDICTION
☒ State (Complete Part 2)    ☐ City    ☐ County    ☐ Multi-County: Lake Elsinore (name of Multi-County Jurisdiction)    2016 (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.)

2016 (Year of Election) Primary/general election    Special/runoff election (Year of Election)

☐ 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.

☐ 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 07/26/2016 (month, day, year)   Signature ________________________________ (Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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