Candidate Intention Statement

Check One: [ ] Initial  [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: [Last First Middle Initial]  Daryl J. Hickman
DAYTIME TELEPHONE NUMBER: (951) 245-7727
FAX NUMBER (optional):
E-MAIL (optional): DarylJHickman@gmail.com
STREET ADDRESS: [Blacked Out]
CITY: Lake Elsinore
STATE: CA
ZIP CODE: 92530
OFFICE: City Council
OFFICE JURISDICTION: [City]  [ ] County  [ ] Multi-County
DISTRICT NUMBER, if applicable: 43
NON-PARTISAN: [ ]
PARTY: [ ]

(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.)

Primary/general election  [ ]
Special/runoff election  [ ]

(Year of Election): 2018

[ ] 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 [ ] 7/19/18  [ ]

Signature: [Blacked Out]  [ ]

(Candidate)

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