Candidate Intention Statement				CITY CLA MORENO VA RECEIV	ALLE.Y	california 501
Check One:	⊠ Initial	Amendment (Explain)		17 SEP 27 P		For Official Use Only
1. Candidate II	nformation:		·			
NAME OF CANDIDATE	(Last, First, Middle Initia	al)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional	i) E-MAIL	(optional)
Thornton, Carla				()		
STREET ADDRESS			CITY	STA		
OFFICE SOUGHT (POS	SITION TITLES	AGENCY NAME	Moreno Valley	C/	A 9255 MBER, if applicable.	
			- M-11		MDEIT, il applicable.	NON-PARTISAN
City Council Mer		City of Moreno	valley	2		PARTY:
State (Complete	e Part 2.)				0040	
☐ City ☐ C	County Mul	ti-County:	(Name of Multi-County Jurisdiction)		2018 Year of Election)	
(Check one box)	Primary/general e voluntary expen	nditure ceiling for the election si	Special/runoff election tated above.			
Amendme O I did n	ent:		ection stated above. y or special election held on:	/ and I a	accept the volu	ntary expenditure ceiling for
(Mark if applicable)	, I con	tributed personal funds in exce	ss of the expenditure ceiling for t	the election stated abo	ove.	
3. Verification	•	2				
I certify under	r penalty of per	jury under the laws of the St	ate of California that the forego	oi <mark>ng is true and corr</mark>	ect.	
Executed on	9,22,1	year), Signature			FDD/	FPPC Form 501

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