

# Candidate Intention Statement

**CITY CLERK**  
**MORENO VALLEY**  
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**CALIFORNIA FORM 501**

For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Cheylnda Barnard		[REDACTED]	( )	[REDACTED]
STREET ADDRESS		CITY	STATE	ZIP CODE
[REDACTED]		Moreno Valley	CA	92551
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
City Council	City of Moreno Valley	4	PARTY PREFERENCE:	
OFFICE JURISDICTION		<small>(Check one box, if applicable.)</small>		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County: _____	2022	<input type="checkbox"/> SPECIAL / RUNOFF
			<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 01 19 2021  
(month, day, year)

Signature: \_\_\_\_\_