

Candidate Intention Statement

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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) Garcia Edgaw DAYTIME TELEPHONE NUMBER (_____) (_____) (_____) FAX NUMBER (optional) () () E-MAIL (optional) _____

STREET ADDRESS _____ CITY Moreno Valley STATE C.A ZIP CODE 92553

OFFICE SOUGHT (POSITION TITLE) _____ AGENCY NAME City of Moreno valley DISTRICT NUMBER, if applicable. 1 NON-PARTISAN

OFFICE JURISDICTION Moreno valley city council District 2 PARTY: _____

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 2016

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

 (Year of Election) **Primary/general election** _____
 (Year of Election) **Special/runoff election**

(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 July 19, 2016
 (month, day, year)

Signature _____
 (Candidate)