Candidate Intention Statement	MORENGE FALLEY CALIFORNIA 501
Check One:	16 JUL 28 PM 5: 10 For Official Use Only
1. Candidate Information:	
NAME OF CANDIDATE (Last, First, Middle Initial)  TESSE L. MOLINA  (	( NUMBER (optional) E-MAIL (optional)
MORENO VALLEY	STATE ZIP CODE  CA 92557
MAYOR MOREUS VALLEY	DISTRICT NUMBER, if applicable.  PARTY:
OFFICE JURISDICTION  State (Complete Part 2.)  City County Multi-County: (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.)  (Year of Election) Primary/general election  (Check one box)  (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:	
O I did not exceed the expenditure ceiling in the primary or special election held on:/ the general or special run-off election.	and I accept the voluntary expenditure ceiling for
(Mark if applicable)  On/, I contributed personal funds in excess of the expenditure ceiling for the elec	tion stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the S	true and correct.
Executed on Juy 28, 2016, Signature (Candidate)	
(month, day, year) (Candidate)	FPPC Form 501 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov