Candidate Intention Statem	ent	M (Date Stamp V A	MC Date Stamp VALL CALIFORNIA 501	
Check One: ☐ Initial ☑ /	Amendment (Explain) To correct jurisdiction	18 FEB 26 PM	For Official Use Only	
I. Candidate Information:				
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MA	IL (optional)	
Thornton, Carla		()		
TREET ADDRESS	CITY	STATE ZIP C		
DFFICE SOUGHT (POSITION TITLE)	Moreno Valley AGENCY NAME	CA 925 DISTRICT NUMBER, if applicable	The state of the s	
			E North Actional	
City Council Member OFFICE JURISDICTION	City of Moreno Valley	2	PARTY:	
State (Complete Part 2.)				
☐ City ☐ County ☐ Multi-Cou	Inty: (Name of Multi-County Jurisdiction)	2018 (Year of Election)		
		· ·		
(Check one box) I accept the voluntary expenditure				
☐ I do not accept the voluntary exp Amendment:	penditure ceiling for the election stated above.			
O I did not exceed the expend the general or special run-of	liture ceiling in the primary or special election held on:/ ff election.	/ and I accept the vol	untary expenditure ceiling for	
(Mark if applicable)				
On, I contribute	ed personal funds in excess of the expenditure ceiling for the	election stated above.		
3. Verification:				
I certify under penalty of perjury u	under the laws of the State of California that the foregoin	g is true and correct.		
Executed on	Signature		FPPC Form 501	

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