Candidate Intention Statement  Check One: X Initial Amendment (Explain)	Type or Print in Ink.	мо <b>17</b>	RENONVA RECEIVI	eteLEY ED	CALIFORNIA 501 FORM For Official Use Only
1. Candidate Information:					
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUM	ABER (optional)	E-MAIL (	(optional)
Gutierrez, Yxstian		(	)		
STREET ADDRESS	CITY		STATE	ZIP COD	E
	Moreno Valley		CA	92551	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		D	ISTRICT NUMBER,	if applicable.	NON-PARTISAN
Mayor City of Moreno	Valley				PARTY:
☐ State (Complete Part 2)  ☐ City ☐ County ☐ Multi-County:  2. State Candidate Expenditure Limit Statement	(Name of Mutti County Junsaiction)		201 (Year of		
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates	for local offices do not complete Part 2.)  Speciallrunoff election				
(Check one bax)  I accept the voluntary expenditure ceiling for the election st	tated above.				
I do not accept the voluntary expenditure ceiling for the ele	ection stated above.				
Amendment:  O I did not exceed the expenditure ceiling in the primary the general or special run-off election.		JJ	and <b>i accep</b>	t the volunt	ary expenditure ceiling for
(Mark if applicable)  On	ss of the expenditure ceiling for the	e election	stated above.		
3. Verification:					
I certify under penalty of perjury under the laws of the State of	of California that the foregoing is tr	ue and co	rrect /		
Executed on	Signature _	,			