Check One:	ndidate Intention Statement		Date Stamp	CALIFORNIA 501	
DAYTIME TELEPHONE NUMBER (optional) Elena Baca-Santa Cruz CITY STATE ZIP CODE Moreno Valley CA 92557 PFICE SOUGHT (POSITION TITLE) AGENCY NAME Councilmember City of Moreno Valley City of Moreno Valley Councilmember City of Moreno Valley City of Moreno Valley Councilmember City of Moreno Valley Councilmember City of Moreno Valley City of Moreno Valley Councilmember City of Moreno Valley Councilmember City of Moreno Valley City of Moreno Valley Councilmember City of Moreno Valley City of Moreno Valley Councilmember City of Moreno Valley Councilmember City of Moreno Valley City of Moreno Valley Councilmember City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley Councilmember City of Moreno Valley CA 92557 City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley City of Moreno Valley City of Moreno Valley City of Councilmember City of Moreno Valley City of Moreno Valley City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley CA 92557 City of Councilmember City of Moreno Valley Councilmember City of Moreno Valley	V IIIIaa		ŽÄMARII PM	For Official Use Only	
STATE ZIP CODE	. Candidate Information:				
Moreno Valley CA 92557 AGENCY NAME City of Moreno Valley Concident Part 2.) Concident Part 3. Concident Part	IAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)	
Moreno Valley CA 92557 PRICE SOUGHT (POSITION TITLE) AGENCY NAME City of Moreno Valley	Elena Baca-Santa Cruz		()		
AGENCY NAME Councilmember City of Moreno Valley DISTRICT NUMBER displicable. PARTY PREFERENCE: Check one box, if applicable. PARTY PREFERENCE: Check one box, if applicable. PARTY PREFERENCE: Check one box PRIMARY / GENERAL PR	TREET ADDRESS	CITY	STATE	ZIP CODE	
Councilmember City of Moreno Valley 1 PARTY PREFERENCE: (Check one box, if applicable.)		Moreno Valley	CA	92557	
Check one box; if applicable.	FFICE SOUGHT (POSITION TITLE) AGENCY NAM	E	DISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE	
State (complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) SPECIAL / RUNOFF SPECIAL / RUNOFF 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 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 election. (Mark if applicable) On I contributed personal funds in excess of the expenditure ceiling for the election stated above. I certify under penalty of perjury under the laws of the S 10/1/2023	Councilmember City of Mo	reno Valley	1	PARTY PREFERENCE:	
City County Multi-County: (Name of Multi-County Jurisdiction) SPECIAL / RUNOFF	FFICE JURISDICTION				
County	State (Complete Part 2.)		2024	✓ PRIMARY / GENERAL	
. 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. 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. 8. Verification: I certify under penalty of perjury under the laws of the S to	City County Multi-County:	(Name of Multi-County Jurisdiction)		on) SPECIAL / RUNOFF	
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 S 10/1/2023	☐ I accept the voluntary expenditure ceiling for the e				
ing 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 S 10/1/2023	Amendment:				
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 S 10/1/2023	_		and I ad	cept the voluntary expenditure cei	
3. Verification: I certify under penalty of perjury under the laws of the S 10/1/2023	ing for the general of special full-oil election				
I certify under penalty of perjury under the laws of the S					
10/1/2023	(Mark if applicable)		g for the election stated abo	ve.	
10/1/2023 Signatur	(Mark if applicable) On I contributed personal fund		g for the election stated abo	ve.	
	(Mark if applicable) On I contributed personal fund 3. Verification:	s in excess of the expenditure ceilin	g for the election stated abo	ve.	