

**Candidate Intention Statement**

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Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
 \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Baca, Victoria	DAYTIME TELEPHONE NUMBER ( [REDACTED] )	FAX NUMBER (optional) ( [REDACTED] )	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY Moreno Valley	STATE CA	ZIP CODE 92557
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME City of Moreno Valley	DISTRICT NUMBER, if applicable. 1	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2020 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

**2. 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.

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 March 6, 2020  
*(month, day, year)*

Signature

[REDACTED SIGNATURE]