

# Candidate Intention Statement

Date Stamp CITY CLERK MORENO VALLE RECEIVED 20 JUL -6 PM 1:39	CALIFORNIA FORM <b>501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>McBean, Mary E.</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) [REDACTED]	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY <u>Moreno Valley</u>	STATE <u>CA</u>	ZIP CODE <u>92553</u>
OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u>	AGENCY NAME <u>MORENO Valley</u>	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE
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)		<u>2020</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <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 July 6, 2020 (month, day, year) Signature [REDACTED] (Candidate)