

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

**CALIFORNIA FORM 501**  
For Official Use Only

Date Stamp  
CITY CLERK  
MORENO VALLEY  
22 JAN 12 AM 9:00

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Baca-Santa Cruz, Elena Victoria	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	E-MAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY Moreno Valley	STATE CA	ZIP CODE 92557
OFFICE SOUGHT (POSITION TITLE) City Councilmember	AGENCY NAME Moreno Valley City Council	DISTRICT NUMBER, if applicable. 1	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City		<input type="checkbox"/> County	
<input type="checkbox"/> Multi-County: _____		2022	
		(Year of Election)	

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) **Primary/general election**      \_\_\_\_\_  
(Year of Election) **Special/runoff election**

(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 12/22/21  
(month, day, year)

Signature: [REDACTED]