

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

Check One: ☐ Initial

☒ Amendment (Explain) changing office from Mayor to City Council District 4.

MORENO VALLEY CLERK
FEB 17 AM 9:46

For Official Use Only
2026 FEB 17 AM 9:45

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Wilson Nikita R

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Moreno Valley

CA

92551

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

☒ NON-PARTISAN

City Council

city of Moreno Valley

4

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2)

☒ City ☐ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

2026
(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.)

2026
(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 information provided is true and correct.

Executed on

2/14/26
(month, day, year)

Signature

Clear Form

Print Form