

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT
 CALIFORNIA
 FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Craig, Debra, D. DATE-TIME TELEPHONE NUMBER _____

STREET ADDRESS _____

OFFICE JURISDICTION Council Member District 2 Moreno Valley AGENCY NAME _____ DISTRICT NUMBER, if applicable 2 NON-PARTISAN PARTY: _____

State (Complete Part 2)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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 8/8/14 _____ Signature _____
(month, day, year) (Candidate)