

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Roberts, Charles M. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Office Sought (Position Title) Councilman Moreno Valley City Council AGENCY NAME Moreno Valley City Council DISTRICT NUMBER, if applicable. 2 NON-PARTISAN PARTY: _____

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ 2014 (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.)

_____/_____/_____ Primary/general election _____ Special/runoff election
 (Year of Election) (Year of 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 July 23, 2014
(month, day, year)

Signature [REDACTED]
(Candidate)