

**Candidate Intention Statement**

CITY OF MORENO VALLEY RECEIVED  
Date Stamp  
21 JUL -8 PM 2:51

CALIFORNIA FORM 501

For Official Use Only

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

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Delgado, Edward (Ed) A.	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY Moreno Valley	STATE CA	ZIP CODE 92557
OFFICE SOUGHT (POSITION TITLE) City Councilman	AGENCY NAME City of Moreno Valley	DISTRICT NUMBER, if applicable. 2nd	<input checked="" 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)		2021 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <input checked="" 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

06/30/21  
(month, day, year)

Signature

[REDACTED SIGNATURE]