

Candidate Intention Statement

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CALIFORNIA
FORM **501**

For Official Use Only

Check One: Initial Amendment (Explain) _____

18 JAN 30 AM 8:35

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Keri A. Then</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	E-MAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY <u>Moreno Valley</u>	STATE <u>CA</u>	ZIP CODE <u>92555</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council District 2</u>	AGENCY NAME <u>Moreno Valley</u>	DISTRICT NUMBER, if applicable. <u>2</u>	<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: _____ (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 1/29/18
(month, day, year) Signature [REDACTED]
(Candidate)