

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

GIBA, Jeffrey J.

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

[X] NON-PARTISAN

City Council

Moreno Valley

2

PARTY:

OFFICE JURISDICTION

[ ] State (Complete Part 2.)

[X] 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 (Year of Election)

Special/runoff 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 14, 2014 (month, day, year)

Signature