

Candidate Intention Statement

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CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) STEPHAN JoAnn L. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () n/a E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Moreno Valley STATE CA ZIP CODE 92557

OFFICE SOUGHT (POSITION TITLE) Council member AGENCY NAME District 2 DISTRICT NUMBER, if applicable. 2 NON-PARTISAN

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: Moreno Valley (Name of Multi-County Jurisdiction) 2018 (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 I am the candidate named above.

Executed on 8/10/2018
 (month, day, year)

Signature [REDACTED]