

Candidate Intention Statement

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 MORENO VALLEY RECEIVED

CALIFORNIA FORM **501**
 For Official Use Only

Check One: Initial Amendment (Explain) _____ **18 AUG 16 AM 8:59**

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BAJAJO LOWERY DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY MORENO VALLEY STATE CA ZIP CODE 92555

OFFICE SOUGHT (POSITION TITLE) MAYOR AGENCY NAME CITY OF MORENO VALLEY DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 2018

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

1 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 8/13/18
 (month, day, year)

Signature [REDACTED]