

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) Brown PhD Patsy D.		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) [REDACTED]	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]		CITY Moreno Valley	STATE CA	ZIP CODE 92557
OFFICE SOUGHT (POSITION TITLE) City Council Member District#2	AGENCY NAME City of Moreno Valley	DISTRICT NUMBER, if applicable. District #2	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2021 (Year of Election)	<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. *[Signature]*

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 information provided on this form is true and correct.

Executed on March 22, 2021 Signature *[Signature]*
 (month, day, year)

