

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp CITY CLERK MORENO VALLEY RECEIVED 16 FEB 17 AM 10:17

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Fleming, Denise DAYTIME TELEPHONE NUMBER (951) FAX NUMBER (optional) (213) E-MAIL (optional) STREET ADDRESS CITY STATE ZIP CODE Moreno Valley CA 92553 OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME Moreno Valley DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY OFFICE JURISDICTION [] State (Complete Part 2) [X] City [] County [] Multi-County: 2016 (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 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

2-6-16 (month, day, year)

Signature