

Candidate Intention Statement

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CALIFORNIA
FORM
501
For Official Use Only

Check One: Initial Amendment (Explain) _____

16 AUG - 8 PM 12: 07

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) SAADICE, Donovan DAYTIME TELEPHONE NUMBER () FAX NUMBER (optional) () E-MAIL (optional) ()

STREET ADDRESS () CITY Moreno Valley STATE CA ZIP CODE 92553-8407

OFFICE SOUGHT (POSITION TITLE) Council person Dist 1 AGENCY NAME Moreno Valley DISTRICT NUMBER, if applicable. 1 NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) 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
(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 Aug 8, 2016
(month, day, year)

Signature _____
(Candidate)