

Candidate Intention Statement

Date Stamp: MORENO VALLEY RECEIVED 22 JUL 18 AM 11:22 CALIFORNIA FORM 501 For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Craig, Debra D. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] MORENO VALLEY CA 92557 CITY ON TITLE Mayor AGENCY NAME Moreno Valley DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN OFFICE [] PARTY PREFERENCE: OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi County: (Name of Multi-County Jurisdiction) 2022 (Year of Election) [X] PRIMARY / GENERAL [] 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)

[X] 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 07 17 2022 (month, day, year)

Signature [REDACTED] (Candidate)