Candidate Intention Statement		PMERENO SALIFORNIA 501	
Check One: Initial Amendment (E)	Change in year		ECEI FORM OUI
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Cheylynda Barnard	(	( )	
STREET ADDRESS	CITY	STATE 2	ZIP CODE
	Moreno Valley	CA (	92551
OFFICE SOUGHT (POSITION TITLE) AGENCY	NAME	DISTRICT NUMBER, if app	icable. NON-PARTISAN
	Moreno Valley	4	PARTY:
OFFICE JURISDICTION			
State (Complete Part 2.)		2018	
☑ City ☐ County ☐ Multi-County: ———	(Name of Multi-County Jurisdiction)	(Year of Electio	n)
(Check one box)  I accept the voluntary expenditure ceiling for the e  Amendment:  I did not exceed the expenditure ceiling in the general or special run-off election.	or the election stated above.	_// and I accept the	voluntary expenditure ceiling for
died Verrentel			
(Mark if applicable)  On/, I contributed personal funds	in excess of the expenditure ceiling for t	he election stated above.	
3. Verification:			
Executed on 4/20/4 (month, day, year)	f the State of California that the forego		FPPC Form 501 (Jan/2016
			FPPC Advice: advice@fppc.ca.gov (866/275-3777 www.fppc.ca.go