Check One: Initial Amend	dment (Explain)	CIPMS MORENO RECE	IVED FORM SUI
1. Candidate Information:		-	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
MARQUEZ DAVID -		( )	
STRÉET ADDRESS	CITY Co. CO.	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER,	9 2535
MAYOR CIT	AGENCY NAME  AGENCY NAME  THE OF MORENO VALLEY	SIGHTIGHT HOMBERT,	LE NOW! ANTION
OFFICE JURISDICTION	The transfer of the control of the c		PARTY:
State (Complete Part 2)	20		12
City County Multi-County:	Morero Valley (Name of Multi-County Jurisdiction)	(Year of	N8 Election
(Check one box)  I accept the voluntary expenditure ceiling	(Year of Election) Special/runoff election  g for the election stated above.		
☐ I do not accept the voluntary expenditur  Amendment:	re ceiling for the election stated above.		
O I did not exceed the expenditure ce the general or special run-off election	eiling in the primary or special election held on: ion.	_// and I accept	the voluntary expenditure ceiling for
(Mark if applicable)			
On/, I contributed person	conal funds in excess of the expenditure ceiling for t	the election stated above.	
3. Verification:			
I certify under penalty of perjury under the	he laws of the State of California that the forego	oing is true and correct.	
Executed on 6-14-18 (month, day, year)	, Signati		FPPC Form 501 (Jan/2