Candidate Intention S	tatement	MORENO WASHIDEY CALIFORNIA 501		
Check One: Initial	☑ Amendment (Explain) North from Kendrick Rivas to R	lame of Candidate, Name Fix	RECEIVED	For Official Use Only
1. Candidate Information	i:			
NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Rivas, Kendrick			()	
STREET ADDRESS		CITY	STATE	ZIP CODE
		Moreno Valley	CA	92557
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBER,	if applicable NON-PARTISAN
Mayor OFFICE JURISDICTION	City of Moren	o Valley		PARTY:
☐ State (Complete Part 2.) ☑ City ☐ County ☐ Part 2.	Multi-County:	(Name of Multi-County Jurisdiction)	(Year of I	Election)
(Check one box) I accept the voluntary ex	rel election (Year of Election) penditure ceiling for the election :	•		
Amendment:			and I accept	the voluntary expenditure ceiling for
(Mark if applicable)				
On, I c	contributed personal funds in exc	ess of the expenditure ceiling for the	e election stated above.	
3. Verification:				
I certify under penalty of p	perjury under the laws of the S	tate of California that the forego	ng is true and correct.	
Executed on May,	8, 2018 Signature	e (Candidale)		FPPC Form 501 (Ja

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