Candidate Intention Stat	MOREND VALLE Stamp CALIFORNIA 501						
Check One:	Amendment (Explain)		RE	GEIVED -6 PM 3: 34		FORM OUT	
I. Candidate Information:							
AME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NU	JMBER (optional)	E-MAIL	(optional)	
eroy Holt							
TREET ADDRESS		CITY		STATE	ZIP CC		
FFICE SOUGHT (POSITION TITLE)	AGENCY NAME	Moreno Valley		CA DISTRICT NUMBER, I	9255	Table 1 and	
Council member		o Vallay			аррисане.	NON-PARTISAN	
FFICE JURISDICTION	City of Moren	U valley		2		PARTY:	
State (Complete Part 2.)				004	0		
☑ City ☐ County ☐ Multi-	-County:	(Name of Multi-County Jurisdiction)					
(Check one box)	liture ceiling for the election s	stated above.					
☐ I do not accept the voluntary Amendment:	expenditure ceiling for the e	lection stated above.					
O I did not exceed the exp the general or special ru		y or special election held on: _		and I accept	the volur	ntary expenditure ceiling for	
(Mark if applicable)		And the second s					
☐ On, I contri	buted personal funds in exce	ess of the expenditure ceiling fo	r the election	stated above.			
. Verification:							
I certify under penalty of perju	ry under the laws of the SI	ate of California that the fore	aoina is trae	e and correct.			
Executed onFebruary 5,	Jigilatule					FPPC Form 501 (Jan/	
(month, day, ye	<i>31</i> 7)	(Cen¢idate)		1	FPPC	Advice: advice@fppc.ca.gov (866/275- www.fppc.c	