California Statement Check One: Initial Amendment (Explain) 21 JUL -8 PM 2: 51 FORM 501 FORM 501		Ü	ONY OLINA C						
1. Candidate Information: NAME OF CANDIDATE (Leak. First Middle Information) Delgado, Edward (Ed) A. STREET ADDRESS CITY STATE ZIP CODE Moreno Valley CA 92557 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City of Moreno Valley DISTRICT NUMBER, if applicable (Position Numbers) City of Moreno Valley DISTRICT NUMBER, if applicable (Position Numbers) (Check one box, if applicable) (Check one box) I accept the voluntary expenditure ceiling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the election. (Mark if applicable)	Candidate Inte	#OR	ENO	THE PARTY OF THE P			501		
NAME OF CANDIDATE (Lest First Middle Initials) Delgado, Edward (Ed) A. CITY STATE ZIP CODE Moreno Valley CA 92557 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City of Moreno Valley Delgado, Edward (Ed) A. City of Moreno Valley CITY OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. In Non-partisan OFFICE DISTRICT NUMBER, if applicable. PARTY PREFERENCE: (Check one box, if applicable.) City of Moreno Valley Delgado, Edward (Ed) A. City of Moreno Valley District NUMBER, if applicable. In Non-partisan OFFICE PARTY PREFERENCE: (Check one box, if applicable.) Delgado, Edward (Ed) A. (Check one box, if applicable.) District NUMBER, if applicable. (Check one box, if applicable.) Delgado, Edward (Ed) A. (Check one box, if applicable.) District NUMBER, if applicable. (Check one box, if applicable.) Delgado, Edward (Ed) A. (Check one box, if applicable.) Delgado, Edward (Ed) A. (Name of Multi-County Jurisdiction) (Name of Multi-C	Check One: д	I Initial	Amendment (Explain)	21 JU	1-8	PM 2:51		For Official Use	Only
NAME OF CANDIDATE (.ess. First Middle Initials) Delgado, Edward (Ed) A. STREET ADDRESS CITY Moreno Valley CA 92557 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City Of Moreno Valley CITY STATE DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) 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) I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: I do not accept the voluntary expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election.	4 Candidata Info				_				
Delgado, Edward (Ed) A. STREET ADDRESS CITY Moreno Valley CA 92557 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City of Moreno Valley DISTRICT NUMBER, if applicable. City Councilman City of Moreno Valley DISTRICT NUMBER, if applicable. (Check one box, if applicable.) State (complete Part 2.) City County Multi-County. (Name of Multi-County Jurisdiction) (Check one box, if applicable.) SPECIAL / RUNOFF 2. State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS cendidates, judges, judical candidates, and cendidates for local offices do not complete Part 2.) (Check one box) I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: I do not accept the voluntary expenditure ceiling in the primary or special election held on and accept the voluntary expenditure ceiling for the election. (Mark if applicable) (Mark if applicable) On, it contributed personal funds in excess of the expenditure ceiling for the election stated above.									
STREET ADDRESS CITY STATE ZIP CODE			DAYTIME TELEI	PHONE NUMBER	FAX NUI	MBER (optional)	EMAIL (optional)		
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City Councilman City of Moreno Valley OFFICE JURISDICTION State (Complete Part 2.) City Councy Multi-County Multi-County Multi-County Jurisdiction) (Name of Multi-County Jurisdiction) (Check one box, if applicable.) (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) 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 election. (Mark if applicable) (Mark if applicable) I contributed personal funds in excess of the expenditure ceiling for the election stated above.) A.			()			
OFFICE SOUGHT (POSITION TITLE) City of Moreno Valley City of Moreno City of More	STREET ADDRESS								
City Councilman City of Moreno Valley OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) 2. State Candidate Expenditure Limit Statement: (CalPERs and CalSTRS cendidates, judges, judicial candidates, and cendidates for local offices do not complete Part 2.) (Check one box) I do not accept the voluntary expenditure ceilling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on and accept the voluntary expenditure ceiling for the election. (Mark if applicable) On, I contributed personal funds in excess of the expenditure ceiling for the election stated above.	OFFICE SOLICHT (POSITION	ALTITE CI			DICTRICT				
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) 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) I accept the voluntary expenditure ceiling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on and 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.		(4 (((E)				NUMBER, if applicable	e. NON-PARTIS	AN OFFICE	
State (Complete Part 2.) 2021 PRIMARY / GENERAL City County Multi-County Multi-County Multi-County Multi-County Multi-County Multi-County County Multi-County Multi-County Multi-County Multi-County County Multi-County Multi-County Multi-County County Multi-County Multi-County Multi-County County Multi-County			City of Moreno Valley		2nd				
2021 County Multi-County: (Name of Multi-County Jurisdiction) 2021 (Year of Election) 2021 (Year of		2.1					•		e.)
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) 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.			County			2021			
(Check one box) 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	Totality County	, I main	(Name of Multi-Cou	nty Jurisdiction)		(Year of Ele	ction) SPEC	DIAL / RUNOFF	
(Mark if applicable) On,I contributed personal funds in excess of the expenditure ceiling for the election stated above.	(Check one box) I accept the vo I do not accep Amendment:	pluntary expends of the voluntary	enditure ceiling for the election stated about any expenditure ceiling for the election states expenditure ceiling in the primary or speci-	ve. ted above.		/ and	I accept the v	oluntary expe	enditure
3. Verification:		I cor	tributed personal funds in excess of the		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 O6/30/21 Signature	I certify under pe	130/2	,	la that the foregoin	na le tri i	e and correct.			

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov